

**THE COVENANT SCHOOL
ATHLETIC/FITNESS REQUIREMENT
REQUEST FOR WAIVER**

Student Name _____ Phone # _____ Grade _____

Requesting P.E. credit for which season (circle)?

Fall Winter Spring _____ School Year

1) Please give a detailed description of the activity in which you will be involved.

Name of Program _____ Phone # _____

Location _____

Name of Instructor/Coach _____

Additional Description: _____

2) Give a daily time schedule (only time you are actually involved in activity) and description of the activity. Minimum requirement is 30 hours per credit.

Monday _____(time) Thursday _____(time)
_____ (activity) _____ (activity)

Tuesday _____(time) Friday _____(time)
_____ (activity) _____ (activity)

Wed. _____(time) Saturday _____(time)
_____ (activity) _____ (activity)

Summary: _____ hours per week for _____ weeks.

3) Which athletic teams will you participate on this year at Covenant?

Teams: _____

Grade when on team: _____

SIGNATURES:

Student: _____ Date: _____
Signature Print Name

Parent: _____ Date: _____
Signature Print Name

Instructor/Coach of Activity: _____ Date: _____
Signature Print Name