



# Bishop Verot Catholic High School

## Physical Education Waiver

Student Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

In accordance with policy adopted in the spring of 2015, Bishop Verot students who complete two seasons of any athletics (on a Bishop Verot sports team) are not required to complete the Personal Fitness course in order to graduate. The students may receive a waiver by obtaining the appropriate signatures and submitting this completed form to the Guidance Department. Students are required to take one semester of Health in order to graduate.

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*Coaches: By signing this form, you are acknowledging that the student has completed the season in good standing. If a student did not finish the season for any reason, you should not complete this form.*

### **Season #1**

Sport: \_\_\_\_\_ Season/Year \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Season #2**

Sport: \_\_\_\_\_ Season/Year \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_