

NORTH SALEM HIGH SCHOOL PHYSICAL EDUCATION DEPARTMENT

REQUEST FOR ATHLETIC OPTION

Name: _____ Grade: _____ Date: _____

Sport: _____ P.E. Teacher: _____ Class/Period: _____

1. Junior and Senior athletes are eligible. Must pass Physical Education for the 1st, 2nd or 3rd marking period with a minimum of 85.
2. This request form must be signed by the student-athlete, parent, Physical Education teacher, coach and Athletic Director.
3. The student-athlete must attend class until team rosters are submitted to the Director of Athletics and he/she is notified by their respective Physical Education teacher.
4. Due dates for the Varsity Option Request form are as follows:
Fall Sports: September 8, 2017
Winter Sports: November 20, 2017
Spring Sports: March 19, 2018

****Forms submitted after the due date will not be approved.**

5. Student-athletes who are approved for this option will be excused from Physical Education during their respective season. Athletes must return to class on the following dates:
Fall Athletes: November 6, 2017 (1st day of the 2nd marking period)
Winter Athletes: February 26, 2018 (mid-point 3rd marking period)
Spring Athletes: Will not return to class
6. Athletes must return to class on the above stated dates. Student-athletes failing to return to class will not be eligible for Varsity Option for the remainder of the school year. Each class cut will be reported to the administration and could result in failing Physical Education for the quarter or quarters.
7. Students who quit or are dismissed from the team must report to Physical Education for the next scheduled class. Failure to return to class will result in failing Physical Education for the quarter.
8. Students who become academically ineligible during the season must report back to PE immediately and actively participate. Failure to do so will result in the forfeiture of varsity option and failing PE for the quarter.
9. Student-athletes will receive a grade of P or F on their report card.

We have read and understand the requirements of the Athletic Option Program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Coaches Signature: _____ Date: _____

Physical Education Teacher Signature: _____ Date: _____

Director of Physical Education and Athletics: _____ Date: _____