

Katy Independent School District  
**Off-Campus Physical Education Waiver Application (Grades 6-12)**

**PLEASE PRINT**

|   |  |       |                          |        |
|---|--|-------|--------------------------|--------|
| Student's Name: Last  |  | First | Middle                   | School |
| Sex: <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Grade Level (during year of participation) |       | Counselor                |        |
| Parent's/Guardian's Name:   |  |       | Daytime Phone<br>(     ) |        |
| Street Address  |  |       | City                     | Zip    |
| Parent's/Guardian's E-Mail Address                                    |  |       |                          |        |

The above-named student is applying for approval in the following Off-Campus Physical Education Program as described below:

|  |  |   |
|--|--|---|
| School Year:<br>20__ - 20__  | Semester:<br><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Both | Type of Waiver:<br><input type="checkbox"/> Category I <input type="checkbox"/> Category II |
| Physical Activity:   |  |   |
| Name of Sponsoring Facility/Agency:  |  |   |
| Name of Instructor: (Please print)   | Daytime Phone<br>(     )   |   |
| Mailing Address  | City   | Zip   |
| Instructor's E-Mail Address  |  |   |
| Attach the Off-Campus Physical Education Activity Schedule and Instructor Agreement to this application. |  |   |

I have carefully read the guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. **I understand that no team sports, including team sports private lessons, will be approved (i.e. basketball, hockey, lacrosse, soccer, softball, volleyball, etc.).** Only sports that allow for individual scoring and individual advancement will be approved. I hereby release the Katy Independent School District, its employees, agents, and its Board of Trustees, from all claims of liability in any way attributable to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent or of the private or commercial agency. Katy ISD is not responsible for accident or hospitalization insurance. I understand that Katy ISD has no control over the daily activities of the program, quality of the program, or qualification of the instructor in the program. Katy ISD does not perform criminal background checks on the Off-Campus Physical Education instructors.

I understand that *Texas Education Code 38.101* requires annual physical fitness assessments in grades 3-12. Both junior high and high school Category I and Category II Off-Campus Physical Education students will be required to take the FITNESSGRAM assessment during the school year. These students will be notified by letter when and where the assessment will take place. The results of these assessments will be reported to the Texas Education Agency annually.

|                              |      |
|------------------------------|------|
| Signature of Student         | Date |
| Signature of Parent/Guardian | Date |

**NOTE: In order for this application to be considered for any semester, IT MUST BE RETURNED TO THE COUNSELOR NO LATER THAN THE FIRST WEEK OF THE SEMESTER FOR WHICH THE WAIVER IS REQUESTED!**

| FOR OFFICE USE ONLY  |      |
|--|------|
| Signature of Counselor   | Date |
| Signature of Principal   | Date |
| Signature of Instructional Specialist for Health and Physical Education after Approval | Date |