

OFF CAMPUS PHYSICAL EDUCATION

not usually in general PE (Category 2) and/or activities that are at a National



OFF CAMPUS PHYSICAL EDUCATION PROGRAM

Student Application

OCPE Appli

OFF CAMPUS PHYSICAL EDUCATION PROGRAM

Student Application



Student Name: _____ School Year: _____

Student ID: _____ Semester: _____ Fall _____ Spring _____ Both (HS only)

Parent/Guardian: _____

Parent Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

Campus: _____ Grade Level : _____ (when OCPE will be taken)

Counselor Name: _____ Phone #: _____

Campus Data Processor Name: _____ Phone #: _____

Check One: _____ HS Category 1 _____ HS Category 2 _____ MS Category 1 _____ MS Category 2

Agency Name: _____ Agency Phone #: _____

Agency Coordinator Name: _____

Agency Coordinator Email: _____

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Principal/Counselor Signature: _____ Date _____

OCPE Agency Coordinator Signature: _____ Date _____



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Student Application

RELEASE OF LIABILITY AND PERMISSION TO PARTICIPATE

I hereby give permission for my child to participate in the Off-Campus Physical Education program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in this program. I also assume any and all risk surrounding the transportation of my child to and from these activities.

□□^ I hereby release the