

For Office Use Only:

Date Rec'd: ___/___/___

Initials: _____

**AUSTIN INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION WAIVER PROGRAM
STUDENT INFORMATION AND DISTRICT APPROVAL FORM**

This form must be completed and signed before approval will be considered to acknowledge the understanding of the OCPE Program criteria and requirements.

Please Print: Student

Name: _____

Student ID # (if known): _____ Male: _____ Female: _____

Parent(s) or
Guardian(s): _____

Home Telephone: _____ Work: _____

Cell: _____

Email (optional): _____

Middle School Campus: _____ Grade Level: _____ School Year 20__ - 20__

Category II only Please choose: ___ Fall Semester OR ___ Spring Semester

Counselor Name: _____ Counselor's Telephone: _____

Fax: _____

This information must be provided to the Agency

High School Campus: _____ Grade
Level: _____

Please choose: ___ Category I OR X Category II ___ Fall Semester X Spring Semester ___ Both Semesters

Counselor Name: _____ Counselor's Telephone: _____

Fax: _____

This information must be provided to the Agency

Agency Name: Texas Girls High School Lacrosse League/(Team Name) _____

Agency Telephone: _____ (Coach's Phone)

Agency Coordinator (Coach's)
Name: _____

Agency Coordinator (Coach's)
Email: _____

This information must be provided to the student's counselor

This OCPE Program Application is for a waiver program that will allow the applying student to receive AISD course credit for the activities described in the Individual Training Plan at the Agency named in this Application. Student, Parent, and OCPE Agency Coordinator, by signing this Application, acknowledge their understanding that this Program will substitute for a course that may be **required for graduation**, and that failure to complete any of the Program requirements or submit information in a timely manner **may result in the Student receiving a failing grade**.

Student Signature

Date

Parent/Guardian Signature

Date

Principal Signature or Designee (School Counselor)

Date

OCPE Agency Coordinator Signature only

Date

**RELEASE OF LIABILITY
AND PERMISSION TO PARTICIPATE
IN THE OFF-CAMPUS PHYSICAL EDUCATION
EQUIVALENT PROGRAM**

I hereby give permission for my child to participate in the Off Campus P.E. 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 Austin Independent School District, its Board of Trustees, the school's employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his or her participation in this activity and his or her transportation described above.

Having read this Release and Permission to Participate form, I agree to the terms and conditions expressed herein.

Signed this _____ day of _____, 200_____.

Printed Name of Parent or Legal Guardian

Home Phone

Parent or Legal Guardian's Signature

Work Phone

Student's Name: _____

Student's Campus: _____

Completed packets must be turned into the Physical Education Office on or before the first day of the fall or spring semester. There will be no exceptions for late or incomplete applications.