



CORAL ACADEMY OF SCIENCE LAS VEGAS

SANDY RIDGE ATHLETIC DEPARTMENT

STUDENT-ATHLETE INFORMATION FORM

GENERAL INFORMATION

Student Name: _____ Grade: _____

Student Email: _____ Date of Birth: _____

Parent Email: _____ Parent Phone: _____

PLEASE CIRCLE/HIGHLIGHT WHICH SPORT(S) YOU WOULD LIKE TO GO OUT FOR EACH
CORRESPONDING SEASON (ONLY 1 PER SEASON)

FALL SEASON	WINTER SEASON	SPRING SEASON
-B/G High School Cross Country	-B/G High School Bowling	-B/G High School Track & Field
-Boys High School Soccer	-B/G High School Basketball (Intramurals Only this year)	-Boys High School Lacrosse
-Girls High School Volleyball	-B/G Middle School Basketball	-B/G Middle School Basketball
-Girls Middle School Volleyball	Co-Ed Middle School 7v7 Soccer	-Boys Middle School Lacrosse
-Middle School Flag Football ---		
-Middle School Cross Country		

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name: _____ Relationship: _____

All Primary Emergency Contact Numbers in Order of Accessibility: _____

Secondary Emergency Contact: _____ Relationship: _____

All Secondary Contact Numbers in Order of Accessibility: _____

HEALTH / MEDICAL CONSIDERATIONS

Please list any health / medical / allergies that need to be taken into consideration for your child to safely participate in Coral Athletics activities.



CORAL ACADEMY OF SCIENCE LAS VEGAS

SANDY RIDGE ATHLETIC DEPARTMENT

**AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS,
ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT
MUST BE SIGNED AND RETURNED PRIOR TO PARTICIPATION IN ANY SPORTS SEASON**

STUDENT-ATHLETE

I am aware that playing or practicing to play/participate in any sport can be dangerous in nature involving MANY RISKS OF INJURY. I understand the dangers and risks of playing or practicing to play/participate in any Athletic Activities offered by CASLV include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in any Athletic Activities offered by CASLV may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Because of the potential dangers of participating in any Athletic Activities offered by CASLV, I recognize the importance of following coaches or advisors instructions regarding playing techniques, training and other team/group rules, etc., and do agree to obey such instructions.

Student-Athlete Name: _____ Date: _____

Student-Athlete Signature: _____

PARENT/GUARDIAN

In consideration of CASLV permitting my son/daughter to try out and/or participate in organized Athletic Activities and to engage in all team-related activities including but not limited to, intramurals, tryouts, practices, games and all team functions, I hereby assume all the risks of my son/daughter associated with participation and agree to hold Coral Academy of Science, Las Vegas, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to the Athletics sports teams.

We hereby authorize and consent to our child's participation in interscholastic athletics. We understand that the activities in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in the activity, including injury resulting from any conduct of the District or its staff, not amounting to gross negligence. We hereby give our consent and authorize Coral Academy of Science Las Vegas and its agents, servants, and/or employees to consent on our behalf of our child to obtain emergency medical care and treatment for our child in the event that, after reasonable attempts, we cannot be notified in advance of the need for such emergency medical care and treatment. We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions, during travel to and from contests/events, and all other organized team functions.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____



CORAL ACADEMY OF SCIENCE LAS VEGAS

SANDY RIDGE ATHLETIC DEPARTMENT

AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT (CONTINUED) MUST BE SIGNED AND RETURNED PRIOR TO PARTICIPATION IN ANY SPORTS SEASON

INSURANCE

Every candidate for and participant on an interscholastic team must obtain and maintain insurance against possible accident or injury in school-sponsored games, practice sessions, during travel to and from athletic contests and all other organized team functions. Such coverage may be provided by the purchase of Scholastic Accident Insurance (brochures available); otherwise, proof of similar or superior coverage must be presented. I understand it is my responsibility to review my insurance policy to ensure that the health insurance benefits include coverage for injuries resulting from participation in the sport(s) for which my child will be participating.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

TRANSPORTATION

If transportation is not provided by the school, I understand and affirm as the parent/legal guardian of the student-athlete listed on the front page that I accept full responsibility for the transportation of my child to and from CASLV activities and events, including those events on school property as well as off-site locations. I understand that CASLV is not liable for any resulting injuries or loss associated with these travel arrangements and further acknowledge that any liability is primarily assured by private driver's automobile or other insurance.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

MEDIA RELEASE

At times, CASLV may seek to release additional personally identifiable student information in either print or electronic format to be utilized in either internal or external media sources that may be released to the public. This information may include my child's electronic (digital) photograph, a description of school activities or achievements that contains personally identifiable information, and/or audio/video/film reproduction of my child. This information may be used in media publications, newspaper articles, television coverage, websites (including <http://www.caslv.org>), school newsletters (including those in electronic formats), yearbooks, video presentations and/or school district or public presentations. I understand that I may have completed a prior form regarding release information; however, by initialing one of the boxes below, I am notifying the coach/advisor of my wishes for release of information specific to my child's participation in CASLV organized Athletic Activities.

I hereby give permission for my child's information/media to be released as indicated above.

I **do not** give permission for my child's information/media to be released as indicated above.
I understand that if I check this box, my child will not be able to get their picture taken with the team.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____



CORAL ACADEMY OF SCIENCE LAS VEGAS

SANDY RIDGE ATHLETIC DEPARTMENT

STUDENT-ATHLETE BEHAVIOR CONTRACT & PARENT/GUARDIAN ACKNOWLEDGEMENT OF RESPONSIBILITIES MUST BE SIGNED AND RETURNED PRIOR TO PARTICIPATION IN ANY SPORTS SEASON

STUDENT-ATHLETE

As a participant in organized Athletic Activities within Coral Academy of Science Las Vegas, I understand it is my responsibility as a student-athlete to uphold the following school rules and regulations.

(Please initial by each bullet point.)

- I will maintain a grade of "C" or higher in all of my classes. I understand that failure to earn a C or better in any class at the end of a quarterly grading period will result in me being placed on Academic Probation until the next quarter's progress report. I understand that if my grade does not improve by that time, I will be dismissed from the team I am currently participating with.
- I will refrain from any behavior that would result in disciplinary action, including but not limited to:
 - o Fighting with other classmates.
 - o Bullying of any form or degree of severity.
 - o Blatant and/or egregious forms of disrespect to teachers, coaches, staff and/or administration.
 - o Substance abuse on or off campus, before, during or after school hours.

I understand that failure to do so may result in a loss of playing time/suspension from a team I am part of.

PARENT/GUARDIAN

In order for my child to participate in organized Athletic Activities at CASLV, I understand it is my responsibility to:
(Please initial by each bullet point.)

- I will ensure that all outstanding school-related bills are cleared prior to submitting any paperwork. **Debts must be resolved prior to your child's first game of the season in order to be eligible.**
- I understand there is a general fee of \$100.00 per sports team that is assessed if my child makes any team that they try out for. **I understand that this payment must be made prior to my child's first game of the season in order to be eligible.** (These dues are used to pay for league dues, referees, equipment, etc.)
- I will schedule an annual physical for my child prior to participation in any sport. I will use the forms provided in this packet and ensure that a certified physician completes the form. **Sports physicals are good for one full calendar year from the date of the exam, and is good for multiple sports in a single year.**

Student Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____

FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

HISTORY	DATE OF EXAM: _____
NAME: _____	SEX: _____ AGE: _____ D.O.B.: _____
GRADE: _____	SCHOOL: _____ SPORT(S): _____
ADDRESS: _____	PHONE: _____
PERSONAL PHYSICIAN: _____	
IN CASE OF EMERGENCY, CONTACT - NAME: _____	
RELATIONSHIP: _____	PHONE (H): _____ (W): _____

**EXPLAIN "YES" ANSWERS BELOW.
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

	<i>YES</i>	<i>NO</i>
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____

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- | | YES | NO |
|--|-------|-------|
| 10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | _____ | _____ |
| b. Are you missing an eye, kidney, testicle or ovary? | _____ | _____ |
| 11. a. Have you had any problems with your eyes or vision? | _____ | _____ |
| b. Do you wear glasses, contacts, or protective eyewear? | _____ | _____ |
| 12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints? | _____ | _____ |
| b. If yes, check appropriate item and explain below. | | |

_____ Head	_____ Elbow	_____ Hip
_____ Neck	_____ Forearm	_____ Thigh
_____ Back	_____ Wrist	_____ Knee
_____ Chest	_____ Hand	_____ Shin/Calf
_____ Shoulder	_____ Finger(s)	_____ Ankle
_____ Upper Arm	_____ Foot	_____ Toe(s)

- | | | |
|--|------------------|-------|
| 13. Are you actively trying to gain or lose weight? | _____ | _____ |
| 14. Would you like to talk to someone about stress, anger, depression or other issues? | _____ | _____ |
| 15. Record the dates of your most recent immunizations (shots) for: | | |
| Tetanus _____ | Measles _____ | |
| Hepatitis B _____ | Chickenpox _____ | |

FEMALES ONLY

16. When was your first menstrual period? _____
- When was your most recent menstrual period? _____
- How much time do you usually have from the start of one period to the start of another? _____
- How many periods have you had in the last year? _____
- What was the longest time between periods in the last year? _____

EXPLAIN "YES" ANSWERS HERE: _____

Name of physician (print/type): _____ Phone: _____

Address: _____

Street City State Zip Code

I, _____ hereby certify that I am a licensed _____, and have reviewed the information in this FORM B prior to conducting a physical examination for the assigned student.

Signature of Health Practitioner	License Number	Office Phone Number	Date
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete	Signature of Parent/Guardian	Date
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FORM C

Dear Health Practitioner;

Enclosed is the revised Nevada Interscholastic Activities Association (NIAA) packet for High School Pre-participation Physical Evaluations (PPE's). You will notice that the form we are using incorporates recommendations from the Second PPE Task Force (1997)(supported by the AAFP, AAP, AMSSM, AOSM and AOASM) and separately from the AHA. We anticipate that this form will be reviewed every few years and we will keep you apprised of any changes. Also, for young athletes with known cardiovascular abnormalities, we recommend following the guidelines of the 26th Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26th Bethesda Conference before performing high school athletic physicals in Nevada.

While many of you have been performing these evaluations for years, we would like to bring your attention to a few points. As discussed in the introduction to the monograph, there are multiple reasons for performing PPE's; the foremost reasons are to prevent injury and sudden cardiac death.

It is estimated that between 1 and 2 deaths (predominantly cardiovascular in etiology) per 200,000 high school athletes occur per year. The prevalence of cardiovascular disease capable of causing sudden cardiac death in these athletes is around 1/20,000. The most common cause of cardiac death in this population is hypertrophic cardiomyopathy (HCM).

Since the vast majority of PPE's will be completely normal, and, conversely, most students with abnormalities on history or physical exam do NOT have significant cardiac pathology, extreme diligence is required when performing these exams so that the few students with serious conditions are not missed.

ANSWERS ON THE HISTORY FORM THAT WOULD SUGGEST A NEED FOR A CARDIOLOGY CONSULTATION INCLUDE:

- Excessive shortness of breath, syncope or chest pain during exercise.
- Family history of premature death or cardiovascular morbidity. (Before age 50)
- Family history of HCM, dilated cardiomyopathy, long QT syndrome, or Marfan's syndrome.

ABNORMALITIES ON THE PHYSICAL EXAM THAT SUGGEST THE NEED FOR ECHOCARDIOGRAPHY OR CARDIAC CONSULTATION INCLUDE:

- Any systolic murmur greater than II/VI.
- Any diastolic murmur.
- A murmur that increases in intensity from supine to standing (suggests HCM).
- Stigmata of Marfan's syndrome. (Attachment 7).

A second goal of the PPE is to detect chronic illnesses or old injuries that may hamper the athlete's performance (such as Exercise Induced Asthma) or lead to injury ("the most common cause of injury is reinjury").

The final goal of the PPE is to provide our young athletes with a chance to talk to a physician about health issues. While this exam does not replace ongoing care by a personal physician, it may be the only contact these students have. Therefore, a brief discussion of health issues such as breast and testicular cancer screening, alcohol and tobacco use, automobile safety, etc., may be appropriate during the PPE.

Thank you for your willingness to help ensure a safer future for Nevada's young athletes.

Published by the NIAA Sports Medicine Advisory Committee.

Approved: February 2000; June 2012

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References:

26th Bethesda Conference: Recommendations for Determining Eligibility for Competition in Athletes with Cardiovascular Abnormalities. JACC. 1994;24(4):845-99.

Corrado D, Basso C, Schiavon M and Thiene G. Screening for Hypertrophic Cardiomyopathy in Young Adults. NEJM. 1998;339(6)364-9.

Epstein SE, Maron BJ. Sudden death and the competitive athlete: Perspectives on pre-participation screening studies. J Am Coll Cardiol 7:220-230, 1986.

Maron BJ, Thompson PD, Puffer JC, et al. Cardiovascular preparticipation screening in competitive athletes. Circ. 94:850-856, 1996.

Glover DW, Maron BJ. Profile of preparticipation cardiovascular screening in high school athletes. JAMA. 279:1817-1819. 1998.

Pelliccia A and Maron BJ. Preparticipation Cardiovascular Evaluation of the Competitive Athlete: Perspectives from the 30-Year Italian Experience. Am J Cardiol. 7(41)15/95:827-9.

Preparticipation Physical Evaluation, 2nd ed. AAFP, AAP, AMSSM, AOSM, AOASM. McGraw-Hill. 1992.

Smith J and Laskowski ER. The Preparticipation Physical Examination: Mayo Clinic Experience with 2,739 Examinations. Mayo Clin Proc. 1998;73:419-29.

Liberthson R. Sudden Death from Cardiac Causes in Children and Young Adults. Current Concepts. 1996;334(16):1039-44.

VanCamp SP, Bloor CM, Mueller OF, Cantu RC, Olson HG. Nontraumatic sports death in high school and college athletes. Med Sci Sports Exerc. 27:641-647, 1995.

Fuller C.M., McNulty C.M., Spring DA., et al. Preparticipation Screening of 5,615 High School Athletes for Risk of Sudden Cardiac Death, MSSE. 29:1131-1138, 1997.

Attachment 7

Suggested Screening Format for Marfan's Syndrome

Screen all men over 6 feet and all women over 5 feet 10 inches in height with echocardiogram and slit lamp examination when any two of the following are found:

1. Family History of Marfan's syndrome*
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
7. Arm span greater than height
6. Upper to lower body ration more than one standard deviation below the mean
7. Myopia
8. Ectopic lens

*This finding alone should prompt further investigation.

From Hara JH, Puffer JC. In Mellion MD: Sports Injuries & Athletic Problems. Philadelphia. Hanley & Belfus, Inc., 1988.

FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.
NIAA PRE-PARTICIPATION PHYSICAL EVALUATION
(Physical to be completed during an athletes first and third year of participation)

PHYSICAL EXAMINATION

DATE OF EXAMINATION: _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: ____/____ (____/____, ____/____)

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARED after completing evaluation/rehabilitation for: _____

NOT CLEARED FOR: _____ REASON: _____

Recommendations: _____

Name of physician (print/type): _____ Phone: _____

Address: _____
 Street City State Zip Code

I, _____ hereby certify that I am a licensed _____, qualified to perform NIAA Pre-Participation Evaluations, and that on the date set forth below I performed all aspects of the NIAA Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in NIAA sanctioned sports.

Signature of Health Practitioner License Number Office Phone Number Date
 Revised 5-2010; June 2012

FORM E -- NIAA HEALTH QUESTIONNAIRE / INTERIM FORM

This evaluation should be completed only if you have a physical on file from last year.

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. A positive response to any of the following questions requires a medical examination before activity can resume.

NAME: _____ AGE: _____ GRADE: _____ DATE: _____

ADDRESS: _____ PHONE: _____

SPORT(S): _____

DATE OF LAST COMPLETE SPORTS PHYSICAL (PPE): _____ WHERE: _____

SINCE YOUR LAST COMPLETE PREPARTICIPATION EXAM (PPE):

	<i>YES</i>	<i>NO</i>
1. Have you had a medical illness or injury that required you to visit a physician and miss FIVE or more consecutive days of school or sports?	_____	_____
2. Have you been hospitalized overnight	_____	_____
3. a. Have you passed out or been dizzy with exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Has someone in your family died, or developed serious problems, due to heart disease who was younger than 50 years old?	_____	_____
e. Have you learned of anyone in your family who has any history of hypertropic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
4. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Have you developed frequent or severe headaches?	_____	_____
e. Have you developed numbness or tingling in your arms, hands, legs, or feet?	_____	_____
5. Have you become sick from exercising in the heat?	_____	_____
6. Have you developed a cough, wheeze, or have trouble breathing during or after activity?	_____	_____
7. Have you started requiring any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	_____	_____

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- | | YES | NO |
|---|-------|-------|
| 8. Have you had any problems with your eyes or vision, other than requiring glasses or contacts? | _____ | _____ |
| 9. Have you had any problems with sprains, dislocations, fractures, pain or swelling in the following muscles, tendons, bones, or joints that currently bother you? | _____ | _____ |

If yes, check appropriate item below.

- | | | |
|-----------------|-----------------|-----------------|
| _____ Head | _____ Elbow | _____ Hip |
| _____ Neck | _____ Forearm | _____ Thigh |
| _____ Back | _____ Wrist | _____ Knee |
| _____ Chest | _____ Hand | _____ Shin/Calf |
| _____ Shoulder | _____ Finger(s) | _____ Ankle |
| _____ Upper Arm | _____ Foot | _____ Toe(s) |

- | | | |
|---|-------|-------|
| 10. Would you like to talk to a physician about your weight, about stress, anger, depression or any other issues? | _____ | _____ |
|---|-------|-------|

FEMALES ONLY

- | | | |
|--|-------|-------|
| 11. If you have been having periods for one year or longer, have they become less regular? | _____ | _____ |
|--|-------|-------|

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SEE YOUR FAMILY PHYSICIAN FOR A COMPLETE PHYSICAL.

12. Have you developed any new allergies (for example, to pollen, medicine, food, or stinging insects)? If so, please list:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete

Signature of Parent/Guardian

Date



CORAL ACADEMY OF SCIENCE LAS VEGAS

SANDY RIDGE ATHLETIC DEPARTMENT

Physical Education II Waiver Credit (FOR HIGH SCHOOL STUDENTS ONLY)

A maximum of ONE Physical Education II Waiver credit may be earned by completing the option listed below.

- Participation in any High School sport offered at CASLV.
- Participation in any NIAA sport at the athlete's CCSD School of residence that CASLV does not currently offer.
- Any high school-aged club sport supervised by a licensed coach.

This Waiver policy requires 120 hours of external coursework completed under the direct supervision of a qualified instructor or coach who is credentialed and/or licensed professional outside of CASLV. The activity must be geared toward competition or performance-based and it is expected that the student will compete/perform in the activity.

The Process

- Complete the PE Waiver form for each ½ credit and have it signed by the student, parents, and administrative designee.
- Once the student completes the required hours, send the form to the instructor/coach for final approval.
- Upon return of completed form, the registrar/administrator will post PE II Waiver credit on the transcript.

Student will receive 1.00 credit for PE II waiver. The grade will show up as a P (Pass) on the transcript, no letter grade will be given.

(120 hours = 1 credit)

Please tear this page off the packet and keep it for your records.