

**THE MASTERS SCHOOL
ATHLETIC OPTION APPLICATION
FALL TRIMESTER 2008-09**

An Athletic Option is granted to an individual wishing to pursue a sport or physical activity that is not currently offered in our curriculum for that particular trimester. Options are approved one trimester at a time and must involve a fitness activity that is supervised by an instructor licensed or certified in that particular activity. Minimum time requirements are as follows: Middle School, Freshmen and Sophomores: Four times per week, with a minimum of one hour per day. Juniors and Seniors: Three times per week, with a minimum of one hour per day.

IN ORDER TO BE CONSIDERED FOR THE FALL TRIMESTER, THIS FORM MUST BE COMPLETED AND RETURNED NO LATER THAN SEPTEMBER 9, 2008. THERE WILL BE NO EXCEPTIONS. THANK YOU.

Name _____ Grade _____ M/F _____ Boarding or Day _____

Home Phone Number _____ PE Credit Only _____
PE and Co-Curricular Credit _____

Please outline your proposal:

Meeting Days and Times Each Week: _____

Instructor's Name: _____

Instructor's Address: _____

Instructor's email _____

Instructor's Telephone Number: _____

Instructor Signature: _____ Date _____

Agreement/Contract: I understand my individual responsibilities and will get the proper trimester evaluation in on time. This athletic option counts as my Physical Education requirement for the trimester, and if performed incorrectly will be taken away and will result in a failing grade.

Date _____

Student Signature: _____

Approved by _____

Parent Signature: _____

Not Approved _____

Student Notified _____