

Olympia School District
FITNESS REQUIREMENT WAIVER REQUEST

To apply for and be granted a waiver from all or part of the second year of the fitness requirement please complete and return this form to your counselor no later than June 15th of your junior year.

Student Name: _____ **Date** _____

Applying for: ___ All ___ Partial _____ number of credits requested waived

The following requirements set forth in OSD Policy 6700 have been met.

- Successful completion of the required 9th grade health and fitness course.
 ___ Yes ___ No

- Continually enrolled in six subject matter classes during the 9th – 12th grade years.
 9th ___ Yes ___ No
 10th ___ Yes ___ No
 11th ___ Yes ___ No
 12th ___ Yes ___ No

- Completion of required hours of school athletics and/or directed community-based sports or activities
 150 hours for complete year ___
 100 hours for two trimesters ___
 75 hours for one semester ___
 50 hours for trimester ___

School Athletics:

Sport	Beginning Date	Ending Date	Total Hours	Coach's Signature

Directed Community-Based Sport/Activity:

Sport/Activity	Beginning Date	Ending Date	Total Hours	Director's Signature*

I attest that all of the above requirements have been completed.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Counselor: _____ Date: _____

Signature of Adult Supervisor: _____ Date: _____

*** The supervising adult who has directed the activity and is signing this document must be at least twenty-one years of age.