

**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

ATTENTION: In order for this application to be considered for any semester/quarter, it must be completed and returned to the office manager in the Counseling Center prior to the beginning of the semester/quarter for which the request is made.

TO BE COMPLETED BY STUDENT  
NAME Abbie Waldron SCHOOL Keller High School  
SEX: M  F  GRADE 9 STUDENT ID# 642048  
PARENT/GUARDIAN Matt + Laura Waldron COUNSELOR Kusson  
ADDRESS 1401 Summer Breeze ACTIVITY equestrian training  
CITY Roanoke ZIP 76262 TELEPHONE 817) 337-1632

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Rockin' VT Ranch Telephone 817-581-5016 (\*Call 817 307-2173)  
Address 7224 Shady Grove Rd Keller City Keller Zip 76248  
Instructor Valerie Travis Home Phone use cell

**TO BE COMPLETED BY SCHOOL OFFICIAL**

The purpose of the Off-Campus Physical Education Program is to accommodate students who are making a serious effort to develop high level capabilities and to allow them to be involved in a program that provides training exceeding that offered in the school district, and/or not offered on the student's campus.

Activities such as **ICE SKATING, DANCE, BALLET, GYMNASTICS, FENCING, and EQUESTRIAN** are examples of activities that will be considered. This student is taking this course for physical education credit and he/she may not be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program.

COUNSELOR [Signature] DATE 9.3.04 CATEGORY 1 (2)  
FOR DISTRICT USE ONLY  
Date rec'd 9-1-04 Hours 24  
Rec'd by [Signature] Hours for regular P.E. class 7.5  
Athletic Director [Signature] Date 9-5-04

TO BE COMPLETED BY PARENT AND STUDENT:

PARENT PERMISSION

I have carefully read the guidelines for the Keller Independent School District Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Keller Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributes to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent or of the private or commercial school. The Keller Independent School District is not responsible for accident or hospitalization insurance. I understand that the Keller Independent School District has no control over the daily activities of the program, quality of the program, or qualification of the instructor in the program.

My son/daughter Abbie Waldron has permission to participate in the Off-Campus Physical Education Program for equestrian training at Rockin VT Ranch  
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Waldron Date 8/31/07  
Student Date 8/31/04 Signature Abbie Waldron

TENTATIVE SCHEDULE- TO BE COMPLETED AND SIGNED BY THE FACILITY INSTRUCTOR

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>3:00</u>	<u>5:00</u>	<u>riding instruction</u>
Tuesday	<u>3:00</u>	<u>5:00</u>	<u>animal care</u>
Wednesday			
Thursday	<u>3:00</u>	<u>6:00</u>	<u>riding instruction</u>

Friday \_\_\_\_\_

Saturday 11:00 - 2:00 barn care

Sunday \_\_\_\_\_

Instructor Signature Valerie Lewis  
Date 8-25-04

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

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**TO BE COMPLETED BY STUDENT**

NAME Kasey Womble SCHOOL Keller Middle School

SEX: M  F  GRADE 7 STUDENT ID# \_\_\_\_\_

PARENT/GUARDIAN Kyle Womble COUNSELOR Blaine

ADDRESS 1800 Florence ACTIVITY Hockey

CITY Roanoke ZIP 76262 TELEPHONE 817-822-3681

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(MS) Semester 1 \_\_\_\_\_ Semester 2 \_\_\_\_\_ Both Semesters

(HS) Quarter 1 \_\_\_\_\_ Quarter 2 \_\_\_\_\_ Quarter 3 \_\_\_\_\_ Quarter 4 \_\_\_\_\_

Name of Facility Dr. Pepper Stars Center Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Instructor Greg Vanover Home Phone 214-616-3819

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COUNSELOR Rebecca J. Blaine DATE 8/26/04 CATEGORY (1) 2

FOR DISTRICT USE ONLY

Date rec'd 8-27-04

Rec'd by [Signature]

Hours 15

Hours for regular P.E. class 4.5

Athletic Director [Signature]

Date 9-5-04

**TO BE COMPLETED BY PARENT AND STUDENT:**

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My son/daughter Kasey Womble has permission to participate in the Off-Campus Physical Education Program for Hockey at Euless Stars Center Off-Campus Activity - All "DR. PEPPER" Star Centers -

Parent/Guardian Signature [Signature] Date 8/8/04

Student Date 8/8/04 Signature [Signature]

**TENTATIVE SCHEDULE- TO BE COMPLETED AND SIGNED BY THE FACILITY INSTRUCTOR**

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-337-7598, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>7:00pm</u>	<u>9:00pm</u>	<u>PRACTICE</u>
Tuesday	<u>7:00pm</u>	<u>9:00pm</u>	<u>PRACTICE</u>
Wednesday	<u>6:30pm</u>	<u>8:00pm</u>	<u>PRACTICE</u>
Thursday	<u>6:30pm</u>	<u>8:30pm</u>	<u>PRACTICE</u>
Friday	<u>5:30pm</u>	<u>7:30pm</u>	<u>PRACTICE</u>

} GAMES IN PLACE OF PRACTICE SOME TIMES.

Saturday PRACTICE OR GAMES (GAMES SOMETIME TOURNAMENT)  
Sunday " " (TOURNAMENTS ARE AT LEAST 4GAMES)

Instructor Signature Gay Van  
Date 8.16.04

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

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**TO BE COMPLETED BY STUDENT**

NAME Molly Ricketts SCHOOL Keller middle School  
SEX: M  F  GRADE 8<sup>th</sup> STUDENT ID# 628952  
PARENT/GUARDIAN Charotte Ricketts COUNSELOR M. Zimmermar  
ADDRESS 554 Bear Ridge ACTIVITY Gymnastics  
CITY Keller ZIP 76248 TELEPHONE 917-431-9763

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Sunbelt Gymnastics Academy Telephone 817-788-9040  
Address 4701 Bransford Rd. # City Colleyville Zip 76034  
Instructor Ron Bart Usiak and cindy Krivsky Home Phone \_\_\_\_\_

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COUNSELOR Becky Blaine DATE 7/30/04 CATEGORY 1 2  
FOR DISTRICT USE ONLY  
Date rec'd 8-25-04 Hours 24.5  
Rec'd by B.D. Hours for regular P.E. class 4.5  
Athletic Director [Signature] Date 8-29-04

**TO BE COMPLETED BY PARENT AND STUDENT:**

**PARENT PERMISSION**

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My son/daughter Molly Ricketts has permission to participate in the Off-Campus Physical Education Program for Gymnastics at Sunbelt Off-Campus Activity facility

Parent/Guardian Signature Charlotte Ricketts Date 7-28-04

Student Date 7/30/04 Signature Molly Ricketts

**TENTATIVE SCHEDULE- TO BE COMPLETED AND SIGNED BY THE FACILITY INSTRUCTOR**

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-337-7598, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>4pm - 8:15pm</u>		<u>Gymnastics</u>
Tuesday			
Wednesday			
Thursday			
Friday	<u>4pm - 7:30pm</u>		



Saturday 9am-1pm Gymnastics

Sunday N/A

Instructor Signature X P. B. H.  
Date \_\_\_\_\_

For Category 1 waivers only:  
As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.