

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 Laura K Murphy has permission to participate in the Off-Campus Physical Education Program for Gymnastics at Elite Sports.
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature RMurphy Date 2/20/05
 Student Date 3/2/05 Signature Laura Murphy

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>5:30</u>	<u>Gymnastics (competitive)</u>
Tuesday	<u>3:00</u>	<u>5:30</u>	<u>" "</u>
Wednesday	<u>3:00</u>	<u>5:30</u>	<u>" "</u>
Thursday	<u>3:00</u>	<u>5:30</u>	<u>" "</u>
Friday	<u>3:00</u>	<u>5:30</u>	<u>" "</u>

Saturday _____

Sunday _____

Instructor Signature _____

Date 3-9-05

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.

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 Laura K Murphy SCHOOL KHS

SEX: M F GRADE 9 STUDENT ID# 627172

PARENT/GUARDIAN Jim + Reta COUNSELOR Cruson

ADDRESS 2024 Bantry Dr ACTIVITY Gymnastics Team

CITY Roanoke TX ZIP 76262 TELEPHONE 817-741-3883

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

KHS
x 2005-2006
Gr 1, 2, 3, 4
School
Year.

Name of Facility Elite Sports Telephone 817-379-4295
Address 715 Katy Rd City Keller Zip 76248
Instructor Jeff Garmen Home Phone 940-367-4812

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 Norman Cruson DATE 3/10/05 CATEGORY 1 (2)

FOR DISTRICT USE ONLY

Date rec'd 3-11-05

Rec'd by B.D.

Hours 12.5

Hours for regular P.E. class 7.5

Athletic Director B.D. [Signature]

Date 3-11-05

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My son/daughter Alex Stone has permission to participate in the Off-Campus Physical Education Program for Ice Hockey at Star Center - Valley Ranch Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Melvin Stone Date 1/13/05

Student Date 1/18/05 Signature Alex Stone

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>7:15 pm</u>	<u>11:45 pm</u>	<u>plyometrics/ ice practice</u>
Tuesday	<u>7:45</u>	<u>11:45 pm</u>	<u>weights/ ice practice</u>
Wednesday			
Thursday	<u>7:45</u>	<u>11:45</u>	<u>weights/ice practice</u>
Friday	<u>7:45</u>	<u>11:45</u>	<u>weights/ice practice</u>

Saturday 3 hours } game times VARY.
Sunday 3 hours } times vary

Instructor Signature

Date 1/18/02

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.

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 Alex Stone SCHOOL Keller Highschool

SEX: M F GRADE 10 STUDENT ID# 630812

PARENT/GUARDIAN Michelle Stone COUNSELOR Gibson

ADDRESS 717 West Park Dr. ACTIVITY Hockey

CITY Keller ZIP 76248 TELEPHONE (817) 431-6600

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

(MS) Semester 1 Semester 2 ^{both} Both Semesters

(HS) Quarter 1 Quarter 2 Quarter 3 Quarter 4

Name of Facility Dr. Pepper Star Center Telephone _____

Address Cowboy Dr. City Irving Zip _____

Instructor Paul Taylor Home Phone 214-315-0637

TO BE COMPLETED BY SCHOOL OFFICIAL

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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 Dyanne Gibson DATE 1/19/05 CATEGORY 2

FOR DISTRICT USE ONLY

Date rec'd 1-22-05

Rec'd by B.D.

Athletic Director [Signature]

Hours 19

Hours for regular P.E. class 7.5

Date 1-22-05

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My son/daughter Joe Sudol has permission to participate in the Off-Campus Physical Education Program for Gymnastics at Elite Sports Off-Campus Activity Off-Campus facility

Parent/Guardian Signature [Signature] Date 3-11-2005

Student Date 10-21-04 Signature [Signature]

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

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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	3pm	5 ³⁰ pm	Gymnastics Team
Tuesday	3pm	5 ³⁰ pm	" "
Wednesday	3pm	5 ³⁰ pm	" "
Thursday	3pm	5 ³⁰ pm	" "
Friday	3pm	5 ³⁰ pm	" "

Saturday none

Sunday none

Instructor Signature

A handwritten signature in black ink, appearing to be "Jeff", written over a horizontal line.

Date 3-9-05

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.

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

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TO BE COMPLETED BY STUDENT

NAME Joc Sudoi SCHOOL Keller HS
SEX: M F GRADE 12 STUDENT ID# 648-397
PARENT/GUARDIAN Stacey Moore COUNSELOR S. Gibson
ADDRESS 1604 Creekridge ACTIVITY Gymnastics
CITY Keller ZIP 76248 TELEPHONE 817 581 7041

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 Elite Sports Telephone 817 379 4295
Address 715 Katy #1319 City Keller Zip 76248
Instructor Jeff Gorman Home Phone 817 4295 379

TO BE COMPLETED BY SCHOOL OFFICIAL

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COUNSELOR Suzanne Tibbitts DATE 3/11/05 CATEGORY 2

FOR DISTRICT USE ONLY

Date rec'd 3-11-05 Hours 12.5
Rec'd by B.J. Hours for regular P.E. class 7.5

Athletic Director [Signature] Date 3-11-05