

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 Arly Cone has permission to participate in the Off-Campus Physical Education Program for Rodeo at Home Arena.
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Melissa Cone Date 2/8/05
 Student Date 2/8/05 Signature Arly Cone

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>4:00</u>	<u>5:00</u>	<u>Riding</u>
Tuesday	<u>4:00</u>	<u>5:00</u>	<u>"</u>
Wednesday	<u>4:00</u>	<u>5:00</u>	<u>"</u>
Thursday	<u>4:00</u>	<u>5:00</u>	<u>"</u>
Friday	<u>4:00</u>	<u>5:00</u>	

Saturday 1:00 to 3:30

Sunday 1:00 to 3:30

Instructor Signature Donna Ermons
Date 2/8/05

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 Arly Cone SCHOOL Keller High School
SEX: M ___ F GRADE 10th STUDENT ID# 633015
PARENT/GUARDIAN Melissa Cone COUNSELOR Dickenson
ADDRESS 230 Chandler ACTIVITY _____
CITY Keller ZIP 76248 TELEPHONE (817)-337-0022

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 Home Rodeo Arena Telephone _____
Address 230 Chandler Rd City Keller Zip 76248
Instructor Donya Emmons Home Phone 817-337-0022
Emmons Performance Horses (817) 233-0710

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 Henna K. Dickinson DATE 2/19/05 CATEGORY 1

FOR DISTRICT USE ONLY

Date rec'd 2-21 Hours 10
Rec'd by B.S. Hours for regular P.E. class 7.5
Athletic Director B.S. Date 2-21-05

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My son/daughter Tony Daidone has permission to participate in the Off-Campus Physical Education Program for ICE HOCKEY at BLUELINE + POLAR ICE / DR. PEPPER S+A&E Center Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Linda Daidone Date 11-01-04

Student Date 1-12-05 Signature Tony Daidone

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>3:15</u>	<u>6:45</u>	<u>Hockey + Office</u>
Tuesday			
Wednesday	<u>3:15</u>	<u>6:00</u>	<u>Hockey</u>
Thursday	<u>6:30</u>	<u>9:30</u>	<u>Hockey</u>
Friday			

Saturday 8am 9am Smile Run

Sunday

Instructor Signature

Date 12-02-04


Scott Robb
Varsity Hockey Coach

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 Tony Daidone SCHOOL Keller High School

SEX: M F GRADE 11 STUDENT ID# _____

PARENT/GUARDIAN Tony + Teiki COUNSELOR Dickinson

ADDRESS 974 meadow Cir N. ACTIVITY Hockey

CITY Keller Tx ZIP 76248 TELEPHONE 817 379 5734

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 Polar Ice Telephone _____
Address GRAPEVINE MILLS MALL City GRAPEVINE Zip _____
Instructor SCOTT Robb Home Phone _____

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 Jenna K. Dickinson DATE 2/9/05 CATEGORY 1 (2)

FOR DISTRICT USE ONLY

Date rec'd 2-20-05

Rec'd by B.S.

Hours 10

Hours for regular P.E. class 7.5

Athletic Director [Signature]

Date 2-21-05