

# ECS Middle School PE Waiver Request Form

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

For School Year: \_\_\_\_\_

Sport Involved In: \_\_\_\_\_

ECS Sport

Non-ECS Sport

If non-ECS sport, please briefly describe the sport and how it involves physical activity.

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I request permission to waive my middle school PE requirement for the above school year due to my involvement in an outside-of-school sport. The signatures below certify that the sport ran for at least 40 hours.

## Required Signatures:

Student: \_\_\_\_\_

Parent: \_\_\_\_\_

If ECS sport:

Athletic Director's signature: \_\_\_\_\_

If non-ECS sport:

Coach's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

## Office Use Only

Administration Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Family Notified on (date): \_\_\_\_\_