

# APPLICATION FOR UPPER SCHOOL TRIMESTER WELLNESS EXEMPTION

Name:

Grade:

**PLEASE RETURN THIS APPLICATION TO THE ATHLETICS OFFICE THE THURSDAY OF THE TRIMESTER'S FIRST WEEK, TO BE CONSIDERED FOR AN EXEMPTION.**

Please use this application to apply for a trimester-long wellness exemption in grades nine or ten. A student engaged in a wellness-related activity outside of the purview of the school may apply for an exemption from wellness class if all of the following conditions exist:

- The activity takes place at least 6 supervised hours during the academic week for a significant portion of the trimester in which the student is applying for the exemption.
- The activity is supervised by a qualified professional in the field. The supervising adult may not be the student's parent.
- The activity has significant health and wellness benefits, and a team or group participation component.
- The parents and student commit to abide by all academic probation policies should the student be placed on academic probation during the duration of the exemption.
- If the school also offers an activity substantially comparable to the outside activity during a trimester within the academic year, the student must commit to tryout for the school activity during the trimester when it is offered and the student may only apply for an exemption for one trimester outside of the trimester in which the school offers the activity. For example, if the student plays for an outside competitive baseball team in the fall and winter, when the sport is not offered at St. George's, the student may apply for an exemption in the fall or winter term, not both.
- An application must be filed for every trimester in which an exemption is being requested.

If the above conditions exist, the remainder of this application must be completed in full and returned to the Athletics Office at St. George's by the indicated date to be considered for the exemption. All responses should be typed or clearly written in the spaces provided.

# **APPLICATION FOR UPPER SCHOOL TRIMESTER WELLNESS EXEMPTION**

## **PART A: TO BE COMPLETED BY THE SUPERVISING INSTRUCTOR/COACH.**

What is your name and contact information? Please include a phone number and email address.

Briefly, what is your coaching/teaching philosophy?

With what organization(s) germane to the activity in question are you affiliated?

Explain your experience in the field.

Explain a typical weekly practice/rehearsal schedule.

List or attach the performance/game dates (or projections) for the next twelve weeks.

Should the student in question become subject to the school's academic probation policy, would you be willing to abide by the school's ineligibility policy as outlined at the end of this application?

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## PART B: TO BE COMPLETED BY A PARENT/GUARDIAN AND STUDENT

Do you commit to abide by all academic probation policies should you be placed on academic probation during the duration of the exemption?

\_\_\_\_\_  
Printed name of instructor/coach

\_\_\_\_\_  
Signature of instructor/coach

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

Please return this completed application to the Athletics Office by the indicated date.