

High School Principal  
Kristi K. Jensen

(518) 884-7150 Ext. 2351  
E-mail: kjensen@bscsd.org

## Contract for Alternative Study Physical Education

Date: \_\_\_\_\_

Requested for Semester 1 or 2 (please circle)

Name of Student: \_\_\_\_\_

Grade level: 10 11 12 (please circle)

Briefly describe the activity or activities you will participate in for the next 20 weeks, including frequency/duration per week:

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At the end of the semester you will be asked to meet with a school employee/teacher assigned to monitor your progress and determine whether you have earned .25 credit in Alternative Study Physical Education. What will you share/review at the end of the quarter as your reflective piece? (a video of performance, a photo portfolio, scrapbook of competitions, essay, etc):

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Identify your coach/instructor(s) (not a parent or guardian) willing to verify progress/completion. Provide contact information including phone number, address and e-mail. **PLEASE PRINT.**

Coach's/Instructor's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Contact Phone number \_\_\_\_\_

Coach's/Instructor's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Contact Phone number \_\_\_\_\_

# Ballston Spa

Educating Everyone Takes Everyone

C E N T R A L S C H O O L D I S T R I C T

High School Principal  
Kristi K. Jensen

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E-mail: [kjensen@bscsd.org](mailto:kjensen@bscsd.org)

I, \_\_\_\_\_ understand that, once my plan is approved by the Principal or her designee, I am responsible for submitting written logs, complete with signature(s) of coach(es)/instructor(s) on a quarterly basis. I also understand that I am responsible for a reflective piece to be submitted at the end of the semester.

As the parent/guardian of \_\_\_\_\_, I agree to the above mentioned conditions and acknowledge Ballston Spa High School will **not** provide transportation or pay participation fees. I assume full responsibility for monitoring my child's participation in the program and agree to personally indemnify and hold harmless Ballston Spa Central School District, its officers, agents, and employees from all loss, expense, fines, suits, proceedings, claims, damages, actions, and judgments against any and all liability of any nature whatsoever, and costs including attorney fees for any personal injury (including death) and property damage that may arise during, or caused in any way, by their child's participation in the Alternative Study Physical Education program.

Student's name \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Coach's/Instructor's name \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Coach's/Instructor's name \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_

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School Designee \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

If denied, please provide a brief reason why and whether/how the plan should be corrected and resubmitted:

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\_\_\_\_\_  
\_\_\_\_\_  
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