

Ballston Spa

Educating Everyone Takes Everyone

CENTRAL SCHOOL DISTRICT

David M. Sunkes, *High School Assistant Principal & Athletic Director*
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Ballston Spa, NY 12020

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Alternative PE Contract:

Date: _____

Requested for Semester 1 or 2 (please circle)

Name of Student: _____ Grade level: 10 11 12 (please circle)

Email for Student: _____ (Must be checked consistently)

Guidance Counselor: _____

Please circle activity (ies) that apply:

Club team

travel team

private sports

Physical activities outside the school walls (Must have an instructor/coach).

Briefly describe the activity or activities you will participate in for the next 20 weeks. Include activity, duration, and frequency of outside activity participation.

Activity: _____

Duration: (days of the week) _____

Hours per session: _____

Please attach a calendar of your schedule so activity for the full 20 weeks can be verified.

****All 20 weeks of a semester MUST be accounted for in order to receive approval. ****

At the end of the each quarter, you will be asked to submit a reflective piece through email/Schoology. This reflective piece and your activity logs will need to be handed in by all deadlines. A certified Physical Education teacher will be assigned to monitor your progress and determine whether you have earned .25 credits in Alternative Study Physical Education by the end of the semester. This teacher will also be your contact person for all questions relating to this program. You have to choose **different** options for each quarter. **You must choose different options from the prior semester(s).**

What will you choose at the end of the quarter 1 as your reflective piece? (Please circle)

Video Performance

Photo Portfolio

Scrapbook of competitions

Essay

Story of Season

What will you choose at the end of the quarter 2 as your reflective piece? (Please circle)

Video Performance

Photo Portfolio

Scrapbook of competitions

Essay

Story of Season

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 _____

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 5 week 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 _____ Date _____

(Please Print)

Signature _____

Parent/Guardian's name _____ Date _____

(Please Print)

Signature _____

Coach's/Instructor's name _____ Date _____

(Please Print)

Signature _____

Coach's/Instructor's name _____ Date _____

(Please Print)

Signature _____

School Designee _____ Date _____

(Please Print)

Signature _____ Title _____

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

