

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)

Email for Student: \_\_\_\_\_ (Must be checked consistently)

Please circle any activity that applies: 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.

Fill in the attached calendar with activity, duration, and frequency of outside activity participation. (See attachment)  
All 20 weeks MUST be accounted for in order to receive approval.

At the end of each quarter, you will be asked to submit a reflective piece through email/Sakai. 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.

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

Samples of each of these can be viewed on Sakai

Video Performance Photo Portfolio Scrapbook of competitions Essay Story of Season

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

Samples of each of these can be viewed on Sakai

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 \_\_\_\_\_

# 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

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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 my 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:

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