

**AUSTIN INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION PROGRAM
INDIVIDUAL TRAINING PLAN**

(Must be completed by the approved OCPE Agency Coordinator only)

Agency site name where the student will be participating Anderson High School

Boys Lacrosse

Address of where student will be participating (include alternative address if appropriate) JCAA of Austin
7300 Hart Lane Austin, Texas 78731

OCPE Agency Coordinator's Name Andrew Gephart

Student's Instructor (if different than OCPE Agency Coordinator) _____

Student's Name: _____ Student's Grade _____

Student's School: Anderson High School

_____ Fall Semester Spring Semester _____ Both Semesters

_____ Category I (High School only) Category II

OCPE Agency Coordinator must supply one of the following for students applying for Category I

- a copy of the entry form for Olympic or national participation/competition
- a publication which verifies this student's Olympic or national athletic status or rank
- a copy of this student's Olympic or national athletic certification, which verifies their status or rank

The OCPE Agency Coordinator must fill out the following schedule for the participant to verify at least 5 hours of required participation for Category II or at least 15 hours of required participation for Category I.

Days of the Week	Site Name	Number of hours of participation
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total Hours of Participation		

Signature of OCPE Agency Coordinator _____

Date _____

Completed packets must be turned into the Physical Education Office on or before the first day of the fall or spring semester. There will be no exceptions for late or incomplete applications.

For Office Use Only:

Date Rec'd: ___/___/___

Initials: _____

**AUSTIN INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION WAIVER PROGRAM
STUDENT INFORMATION AND DISTRICT APPROVAL FORM**

This form must be completed and signed before approval will be considered to acknowledge the understanding of the OCPE Program criteria and requirements.

Please Print: Student Name: _____

Student ID # (if known): _____ Male: _____ Female: _____

Parent(s) or Guardian(s): _____

Home Telephone: _____ Work: _____ Cell: _____

Email (optional): _____

Middle School Campus: _____ Grade Level: _____ School Year 20__ - 20__

Category II only Please choose: ___ Fall Semester OR ___ Spring Semester

Counselor Name: _____ Counselor's Telephone: _____ Fax: _____

This information must be provided to the Agency

High School Campus: Anderson High School Grade Level: _____

Please choose: ___ Category I OR Category II ___ Fall Semester Spring Semester ___ Both Semesters

Counselor Name: _____ Counselor's Telephone: _____ Fax: _____

This information must be provided to the Agency

Agency Name: Anderson High School Boys Lacrosse Agency Telephone: 414-2538

Agency Coordinator Name: Andrew Gephart

Agency Coordinator Email: andrew.gephart@austinisd.org

This information must be provided to the student's counselor

This OCPE Program Application is for a waiver program that will allow the applying student to receive AISD course credit for the activities described in the Individual Training Plan at the Agency named in this Application. Student, Parent, and OCPE Agency Coordinator, by signing this Application, acknowledge their understanding that this Program will substitute for a course that may be **required for graduation**, and that failure to complete any of the Program requirements or submit information in a timely manner **may result in the Student receiving a failing grade.**

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Principal Signature or Designee (School Counselor) _____ Date _____

OCPE Agency Coordinator Signature only _____ Date _____

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**RELEASE OF LIABILITY
AND PERMISSION TO PARTICIPATE
IN THE OFF-CAMPUS PHYSICAL EDUCATION
EQUIVALENT PROGRAM**

I hereby give permission for my child to participate in the Off Campus P.E. program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in this program. I also assume any and all risk surrounding the transportation of my child to and from these activities.

I hereby release the Austin Independent School District, its Board of Trustees, the school's employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his or her participation in this activity and his or her transportation described above.

Having read this Release and Permission to Participate form, I agree to the terms and conditions expressed herein.

Signed this _____ day of _____, 200_____.

Printed Name of Parent or Legal Guardian

Home Phone

Parent or Legal Guardian's Signature

Work Phone

Student's Name: _____

Student's Campus: Anderson High School

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