

Fitness for Student Athletes

Student request for credit toward high school graduation for activity outside of the regular Spokane Public Schools fitness program



Spokane Public Schools graduation requirements are established to provide each student with the best possible educational experiences, and to comply with state statutes. Not all students have the same needs, nor do all students necessarily benefit from identical experiences. Therefore, Spokane Public Schools **may** grant credit toward high school graduation for planned experiences meeting a student's particular needs PROVIDED:

1. That the program toward credit is approved by the Executive Director of Curriculum/Designee through this process prior to the student's enrollment and/or participation in such an activity.
2. The student successfully completes the cognitive components of Fitness and Health via Spokane Virtual Learning.
3. The student completes a full season as a regular participant in the approved activity **in good standing**.
4. **A pass grade (P)** will be entered on the student's permanent academic record **after** the student completes all components of the program.

Note: Student's transcript, current schedule and details of proposed curriculum must be included with this application.

1. STUDENT

Student Name:(last) _____ (first) _____ Date of Application _____

Address/Zip Code _____ Home Phone _____

School of Attendance _____ Year of Graduation _____

I am requesting approval for an alternative activity study in Fitness and Health:

Check Box

- Intro to Fitness Student Athlete (.5 credits, 1 semester) #5812
- Lifetime Fitness Student Athlete A (.5 credits, 1 semester) #5810
- Lifetime Fitness Student Athlete B (.5 credits, 1 semester) #5811

Date: _____ Student Signature: _____

2. PARENT/GUARDIAN

Name: _____ Course: _____

- I support this course of study for **required** credit.

Date: _____ Signature: _____

3. PRINCIPAL/DESIGNEE

Name: _____ Course: _____

- I support this course of study for **required** credit.

Date: _____ Signature: _____

Verification of Athletic Participation

Name: _____ Student #: _____
 School: _____ Grade: _____

<p style="text-align: center;">School Sports</p> <p>1 season = .5 fitness activity credit (Check sport)</p> <p><input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Tennis <input type="checkbox"/> Cross Country <input type="checkbox"/> Gymnastics <input type="checkbox"/> Fast pitch Softball <input type="checkbox"/> Girls Soccer <input type="checkbox"/> Wrestling <input type="checkbox"/> Golf <input type="checkbox"/> Slo-pitch Softball <input type="checkbox"/> Dance <input type="checkbox"/> Baseball <input type="checkbox"/> Football <input type="checkbox"/> Cheer <input type="checkbox"/> Track <input type="checkbox"/> Step <input type="checkbox"/> Boys Soccer</p>	<p style="text-align: center;">School Sports</p> <p><i>Activity must be District approved.</i></p> <p>By definition, exercise is a physical activity conducted with the intention of developing physical fitness. In order to improve physical fitness one must be involved in exercise activities that employ and build the components of fitness: cardiovascular endurance, muscular endurance, muscular strength, flexibility, agility and quickness, speed, balance and coordination.</p> <p>Examples of local and regional competitive athletic programs that are community directed in nature and meet the fitness definition above may include:</p> <ul style="list-style-type: none"> ski race associations ballet academies competitive badminton competitive tennis competitive gymnastics basketball leagues aquatic teams and clubs competitive youth soccer leagues competitive skating programs volleyball clubs and associations competitive hockey clubs competitive baseball programs
<p style="text-align: center;">Completed by coach AFTER season</p> <p>Through participation in the activity listed, the student: completed the minimum number of hours toward physical activity that promotes health.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature _____ Date _____</p> <p><i>*Minimum hours of physical fitness activity required: 60 hours/semester*</i></p>	
<p style="text-align: center;">To be completed by School Counselor or School Designee</p> <p>Student fulfilled the athletic fitness requirements</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Student completed SVL fitness written curriculum requirements, as confirmed by No Credit (NC) in Semester grade.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Student earned a PASS (P) grade and .50 credit for student's semester grade for Fitness (PE) course.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Changed from "NC" to "P" Posted by: _____</p> <p>Signature _____ Date _____</p>	
<p style="text-align: center;">Shaded areas to be completed by COMMUNITY OR SCHOOL COACH</p> <p>Coach Name: _____ Contact number: _____</p> <p>Email: _____</p> <p>Sport/Team name: _____</p> <p>Season starting date: _____ Season ending date: _____</p> <p>As the coach, I agree that: 1) the student is participating in the sport, 2) I will maintain participation records, 3) provide verification of successful season.</p> <p>Signature _____ Date _____</p>	