

**Off-Campus PE Waiver Application  
Humble Independent School District**

**HIGH SCHOOL STUDENTS**

**Student's Name:** \_\_\_\_\_ ID # \_\_\_\_\_  
(Attach a week's Sample Workout Schedule w/ Cat. I App. )

**Current** Grade level (circle one) 8 9 10 11 12 **Current** Campus \_\_\_\_\_

This application is for School year \_\_\_\_\_ Grade Level \_\_\_\_\_  
Category I \_\_\_\_\_ **OR** Category II \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_

**CATEGORY I (15+ hrs)** Physical Activity Program i.e.: Dance, Swimming, etc. \_\_\_\_\_

**CATEGORY II (5+hrs)** Physical Activity Program i.e.: Dance, Swimming, etc. \_\_\_\_\_

My son/daughter is applying for Olympic Level/Off Campus PE status and will be participating in rigorous and intense training during the indicated semester/trimester at the designated daily hours.

My Monday – Friday workout schedule is: Saturday workout hours do not apply for Category II applicants.

Monday	workout begins at _____ a.m. or p.m.	workout ends at _____ a.m. or p.m.
Tuesday	_____ a.m. or p.m.	_____ a.m. or p.m.
Wednesday	_____ a.m. or p.m.	_____ a.m. or p.m.
Thursday	_____ a.m. or p.m.	_____ a.m. or p.m.
Friday	_____ a.m. or p.m.	_____ a.m. or p.m.

**TOTAL NUMBER OF WORKOUT HOURS Monday - Friday** \_\_\_\_\_

**Category I must reflect a minimum of 11 workout hours on weekdays.** It will reflect 4+ hours on Saturdays. These are instructional hours in the gym, pool, workout room, etc. **You do not need to list competition hours.**

**TOTAL NUMBER OF SATURDAY WORKOUT HOURS FOR CAT. I** \_\_\_\_\_

Saturday workout from \_\_\_\_\_ to \_\_\_\_\_

**Name of Commercial Establishment** \_\_\_\_\_

Phone # \_\_\_\_\_

**TO THE INSTRUCTOR FOR OCPE APPLICANTS:**

I understand that it is the responsibility of this commercial establishment to maintain the physical education programs in the described categories. I am to provide the Assistant Athletic Director with all necessary information regarding this program, changes in program, student's involvement or lack thereof. Any significant changes should be reported within 3 weeks. I also acknowledge this athlete ranks at the highest performance level as a Category I applicant. He/she competes at the state, regional, national, or Olympic level.

**Instructor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AS THE GRADE LEVEL COUNSELOR, I ACKNOWLEDGE ALL INFORMATION TO BE COMPLETE.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_ Category I      \_\_\_\_ Category II      \_\_\_\_ Waiver Approved      \_\_\_\_ Waiver Denied

\_\_\_\_\_  
**Troy Kite, Assistant Athletic Director**

\_\_\_\_\_  
**Date**