

## Request for P.E./Team Sport Exemption

Student's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe the type of off-campus activity your child will participate in this term. Include the number of hours of instruction per week, the name of the instructor and the location of instruction.

Please state why you think the off-campus activity meets the needs of your child better than Summit's program.

NOTE: At the end of the Summit sports season, students who have been exempt are required to turn in a log, signed by their instructor, with dates and hours of their off-campus activity.

Parent's signature: \_\_\_\_\_

Instructor's signature: \_\_\_\_\_

Instructor's phone number: \_\_\_\_\_

Instructor's e-mail: \_\_\_\_\_