

**Olympia School District**  
**FITNESS REQUIREMENT WAIVER REQUEST**

To apply for and be granted a waiver from all or part of the second year of the fitness requirement please complete and return this form to your counselor no later than June 15<sup>th</sup> of your junior year.

**Student Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Applying for:    \_\_\_ All            \_\_\_ Partial    \_\_\_\_\_ number of credits requested waived

The following requirements set forth in OSD Policy 2127 have been met.

- Successful completion of the required 9<sup>th</sup> grade health and fitness course.  
    \_\_\_ Yes            \_\_\_ No
  
- Continually enrolled in six subject matter classes during the 9<sup>th</sup> – 12<sup>th</sup> grade years.  
    9<sup>th</sup> \_\_\_ Yes        \_\_\_ No  
    10<sup>th</sup> \_\_\_ Yes      \_\_\_ No  
    11<sup>th</sup> \_\_\_ Yes     \_\_\_ No  
    12<sup>th</sup> \_\_\_ Yes     \_\_\_ No
  
- Completion of required hours of school athletics and/or directed community-based sports or activities  
    150 hours for complete year    \_\_\_  
    100 hours for two trimesters    \_\_\_  
    75 hours for one semester      \_\_\_  
    50 hours for trimester            \_\_\_

**School Athletics:**

Sport	Beginning Date	Ending Date	Total Hours	Coach's Signature

**Directed Community-Based Sport/Activity:**

Sport/Activity	Beginning Date	Ending Date	Total Hours	Director's Signature*

I attest that all of the above requirements have been completed.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* The supervising adult who has directed the activity and is signing this document must be at least twenty-one years of age.