

**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.

For Office Use Only:

Date Rec'd: ___/___/___

Initials: _____

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: _____ Grade Level: _____ Please

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

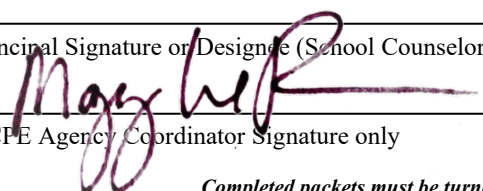
Name: _____ Counselor's Telephone: _____ Fax: _____
This information must be provided to the Agency

Agency Name: **Three Brothers Stable** Agency Telephone: **(210) 632-2097** Agency Coordinator Name: **Maggie Pierce**

Agency Coordinator Email: 3brothersstable@gmail.com
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 CSISD 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



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.

**COLLEGE STATION 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 Three Brothers Stable

Address of where student will be participating (include alternative address if appropriate) _____

597 Marino Rd Bryan TX 77808

OCPE Agency Coordinator's Name Maggie Pierce

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

Student's Name _____ Student's Grade _____

Student's School: _____

Fall Semester _____ Spring Semester _____ Both Semesters _____

Category I (High School only) _____ Category II _____

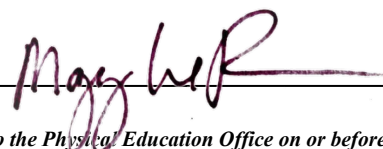
OCPE Agency Coordinator must supply one of the following for students applying for Category I

- 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

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

- 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.

Signature of OCPE Agency Coordinator  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 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: _____

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