Sonoma Valley High School
Physical Education Waiver
Verification Form

Athlete:

_____ Date: _____
Printed Name

Sport: _____

Level: Junior Varsity Varsity

Year Played: _____

Grade Level: _____

I played the entire season which may have included tryouts, practices, conditioning, training, preseason games/scrimmages, tournaments/meets and post season competition.

_____
Signature of Athlete

Coach:

Upon completion of the sport, please verify that the above information is correct with your signature. Please understand this is the necessary documentation for this student/athlete to waive Physical Education II at Sonoma Valley High School.

_____	_____	_____
Printed Name	Signature	Date

For Official Use Only
Please do not write in this area

Date received_____ By_____