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  __________________________