



Bedford North Lawrence High School
PHYSICAL EDUCATION WAIVER FORM
Coach/Director/Sponsor Form

The following section is to be completed by the student:

Student Name: _____

Student Signature: _____

Date: _____

Grade: _____

Sport/Activity: _____

Coach/Director/Sponsor Name: _____

The following section is to be completed by the coach or sponsor once the season is complete.

Upon completing this section please return the form to the Physical Education Department Chair, Mr. Horton. **DO NOT** hand the form back to the student. This form is due within 2 weeks of the end of the season for the sport/activity in which you participated in.

*Please Circle the response and give further information as needed.

YES NO The student exhibited overall good sportsmanship.

YES NO The student participated in regular physical activity.

YES NO The student completed the entire season. If no, please explain:

YES NO The student received disciplinary actions. If yes, please explain:

YES NO The student was injured. If yes, please explain:

Coach/Director/Sponsor Name (Print): _____

Coach/Director/Sponsor Signature: _____

Date: _____

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Student Name: _____

Grade Level: _____

Coach/Director/Sponsor Form Submitted: Yes No Date: _____

PE Chair's Name(Printed): _____

PE Chair's Signature: _____

***Once form is completed please return to the BNL registrar**

Based on this Evaluation do you wish to award this student a waiver:

Yes No Date: _____

Credit Recorded: Yes No Date: _____