

# CAJON VALLEY UNION SCHOOL DISTRICT

## COMPETITIVE SPORT ALTERNATIVE PHYSICAL EDUCATION

### STUDENT APPLICATION

#### GRADES 7 & 8

#### Program Information

A request for alternative physical education allows students advanced study in activities not normally received through the on-site physical education program. Governing Board Policy 6142.7 adheres to the California Education Code and stipulates the regulations for participation in the Competitive Sport Alternative Physical Education (CSAPE) program.

The Competitive Sport Alternative Physical Education (CSAPE) program is designed to provide competitively engaged student athletes an alternative to on-site physical education and expand course enrollment for individuals meeting program criteria.

Qualifying students may participate in up to six trimesters of Alternative Physical Education during their seventh and eighth grade years.

Students enrolled in CSAPE must select an additional academic elective or an off campus, but school-based internship, if available. Students may not be released from school as an alternative to participation in the physical education class.

#### Criteria for Participation

- Students must compete in a competitive sport that has at minimum a state certification process for coaches and program oversight. National certification is preferred. Recreational sports are not eligible. Documentation of state certification must be submitted.
- Each student shall participate onsite in the State Fitnessgram Test in seventh grade.
- The participant must complete a monthly Attendance and Performance Log, which includes a minimum of minutes/hours equivalent to the onsite physical education program.
- The instructor/coach must be employed as a coach in the specific sport and possess a First Aid/CPR Certification. (Attached Instructor/Coach Form must be submitted along with first aid/CPR certification.)
- The Independent Study Master Agreement must be completed and followed.
- The form Verifying Signatures must be signed by the student, parent, and site assigned supervisor.
- Cajon Valley Union School District Board Policy and Regulations, BP 6142.7 and AR 6142.7 are attached.

SUBMIT THE APPLICATION AND REQUIRED DOCUMENTS TO SITE PRINCIPAL

**CAJON VALLEY UNION SCHOOL DISTRICT**

**COMPETITIVE SPORT ALTERNATIVE PHYSICAL EDUCATION**

**GRADES 7 & 8**

Please complete this form for your student desiring to substitute off-campus athletic instruction/coaching in for daily physical education instruction at school.

(Note: Parents' definition includes: Stepparent(s)/Guardian(s)/Caregiver(s))

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#1 Parents' Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

#2 Parents' Names: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

My child is requesting Independent Study for the following trimester(s) (circle as appropriate):

Trimester 1

Trimester 2

Trimester 3

Amount of time each week participating in the Competitive Sports Alternative Education: \_\_\_\_\_

Place of instruction/coaching: \_\_\_\_\_

Personal goals for participation in this sport: \_\_\_\_\_

State certification (Attach documentation)

**APPLICATION DUE TO SITE ADMINISTRATION**

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For office use only

Application Approved

Application Not Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Administration Signature

**CAJON VALLEY UNION SCHOOL DISTRICT**  
**COMPETITIVE SPORT ALTERNATIVE PHYSICAL EDUCATION**

**CHECKLIST OF FORMS**

**To apply, please submit:**

1. Competitive Sport Alternative Physical Education Student Application
2. Instructor/Coach Form
3. Proof of current first aid/CPR certification by instructors/coaches. (The student may be accepted on a provisional basis if the instructor/coach provides proof of registration in an approved CPR course and expected completion date of the course.)
4. Verifying Signatures (student, parent, instructor/coach)

**Upon Approval:**

5. Complete Competitive Sport Alternative Physical Education Study Master Agreement

**Each Month:**

6. Submit Signed Attendance Log

**End of Each Trimester:**

7. Submit Progress Report Signed by Instructor/Coach

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**VERIFYING SIGNATURES**

**Student's Responsibility (to be completed by the student)**

I understand it is my responsibility to attend the activity as outlined for a minimum of 20 hours per month and meet the standards expected by the instructor. I understand that I must complete timesheet logs and submit them to the site supervisor. I UNDERSTAND THAT I WILL LOSE ALL HOURS EARNED AND RECEIVE A FAILING GRADE IN PHYSICAL EDUCATION IF I LEAVE THE PROGRAM FOR ANY REASON WITHOUT IMMEDIATELY NOTIFYING THE TEACHER OF RECORD.

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Parent's Awareness (to be completed by the parent)**

(Note: Parents' definition includes: Stepparent(s)/Guardian(s)/Caregiver(s))

I acknowledge that the District does not investigate the site of the activities of any program to assess potential for injury. I accept full responsibility for any injury which might occur in this activity. I am aware that, if my son/daughter fails to meet the attendance requirements set by the Cajon Valley Union School District, the standards set by the instructor, and the 20 hours per month minimum, he/she will not meet the trimester requirement for physical education and will receive a failing grade in physical education.

\_\_\_\_\_  
Print Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Instructor/Coach Approval (to be completed by the outside activity instructor)**

I certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor. I am also accepting the responsibility for personally completing six progress reports, as well as keeping track of the student's Independent Study Physical Education hours (20 hours per month), in which I personally supervise the student's activity and complete the attendance log to be submitted monthly.

\_\_\_\_\_  
Print Name of Instructor/Coach

\_\_\_\_\_  
Signature of Instructor/Coach

\_\_\_\_\_  
Date

**CAJON VALLEY UNION SCHOOL DISTRICT**  
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**INSTRUCTOR/COACH FORM**

**(to be completed by the outside activity instructor/coach)**

*Trained specialist under whom activity is performed:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization with which activity is affiliated: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Times Available: \_\_\_\_\_

1. In what current position are you employed? \_\_\_\_\_

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2. Describe the training which prepared you to supervise this activity. \_\_\_\_\_

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3. Describe your experience training students in this activity. \_\_\_\_\_

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4. Please list any state and/or national certifications you hold in the sport you are coaching:

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PLEASE ATTACH TO THIS FORM a copy of first aid/CPR certification.

**PLEASE NOTE: The trained specialists/instructors/coaches who submit proof of first aid/CPR certification must be in attendance during student rehearsals and/or activities.**

\_\_\_\_\_  
Signature of Instructor/Coach

\_\_\_\_\_  
Date

**CAJON VALLEY UNION SCHOOL DISTRICT**

**COMPETITIVE SPORT ALTERNATIVE PHYSICAL EDUCATION**

**MONTHLY ATTENDANCE LOG**

Date	Time	Number of Hours	Activity	Coach's Initials
	- ____ - ____			
	- ____ - ____			
	- ____ - ____			
	- ____ - ____			
	- ____ - ____			
	- ____ - ____			
	- ____ - ____			
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	- ____ - ____			
	- ____ - ____			
	- ____ - ____			
	- ____ - ____			
Total Hours for the Month:		_____		

\_\_\_\_\_  
Signature of Student    Signature of Parent    Date

CAJON VALLEY UNION SCHOOL DISTRICT

COMPETITIVE SPORT ALTERNATIVE PHYSICAL EDUCATION

PROGRESS REPORT

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sport: \_\_\_\_\_

School: \_\_\_\_\_

**TO BE COMPLETED BY THE INSTRUCTOR/COACH. FORM SHOULD BE FILLED IN AND SIGNED BY THE INSTRUCTOR/COACH. STUDENT SHOULD RETURN COMPLETED FORM AT THE END OF EACH TRIMESTER.**

Recommendation to teacher based on standards, skills, effort, and attendance.				
	<b>Trimester 1</b>	<b>Trimester 2</b>	<b>Trimester 3</b>	<b>Grading Scale</b> A = Exceptional B = Above Average C = Average D = Below Average
<b>Grade:</b>	_____	_____	_____	
<b>Effort:</b>	_____	_____	_____	
<b>Citizenship:</b>	_____	_____	_____	
	_____			_____
	Signature of Instructor/Coach			Date

**Instructor's/Coach's Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAJON VALLEY UNION SCHOOL DISTRICT**

**COMPETITIVE SPORT ALTERNATIVE PHYSICAL EDUCATION**

**MASTER AGREEMENT**

(Note: Parents' definition includes: Stepparent(s)/Guardian(s)/Caregiver(s))

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

**CONTRACT TERM:** (circle as appropriate) **Trimester 1** **Trimester 2** **Trimester 3**

Sport: \_\_\_\_\_ Level of Activity: \_\_\_\_\_  
(State, Regional, National)

Location/place of trainings: \_\_\_\_\_

Number and Length of workouts per week: \_\_\_\_\_

Athletic Objectives (skill achievement goals): \_\_\_\_\_

Regional, State, or National Competitions: \_\_\_\_\_

**AGREEMENT:** We have read this agreement and hereby agree to all the conditions set forth within and to assist the student in meeting the above time and work requirements.

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

\_\_\_\_\_  
Signature of Parent \_\_\_\_\_  
(Note: Parents' definition includes: Stepparent(s)/Guardian(s)/Caregiver(s)). Date

\_\_\_\_\_  
Signature of Instructor/Coach \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator \_\_\_\_\_  
Date

**AGREEMENT STATUS REPORT**

Approval Date: _____	Approved By: _____
Beginning Date: _____	Completion Date: _____

*For School Office Only: File in Cumulative Folder*