

## MAGNOLIA PUBLIC SCHOOLS (MPS) ALTERNATIVE PHYSICAL EDUCATION POLICY

Magnolia Public Schools (“MPS”) requires students attending the public charter schools it operates to take two (2) years of Physical Education (“P.E.”) before graduation, unless exempted pursuant to the Education Code. The Board of Directors of Magnolia Public Schools (“Board”) recognizes a desire and a need for its students to have flexibility in meeting the P.E. graduation requirement. An Alternative P.E. policy meets this need by allowing students to receive credit for physical activities not normally offered as part of the regular on-site P.E. program. It is the goal of MPS to promote the health of its students by supporting regular physical activity as a vital component of the complete learning environment and providing its students with the opportunity to engage in an array of physical activities that are fun, culturally appropriate, and challenging.

In furtherance of this goal, the Board has interpreted the P.E. requirement contained in the MPS charter petitions to be satisfied with the following:

### **Approved Physical Activities**

The following physical activities have been approved by the Board to satisfy MPS’ P.E. requirement:

1. Participation in MPS’ P.E. classes;
2. Participation in an on-campus sports team under the supervision of a MPS employee/coach;
3. Participation in an off-campus sports team under the supervision of an adult coach; or
4. Participation in an approved physical activity off-campus, under the supervision of a parent or adult coach/trainer/instructor.

An “approved physical activity off-campus” may include: martial arts, tennis, dance, boxing, swimming, cycling, soccer, basketball, swimming, water polo, track/field, football, golf, hockey, gymnastics, wrestling, ice skating, rowing, volleyball, softball, and/or baseball. Approval of alternative physical activities will be at the discretion of MPS and may be gained through the application process outlined below.

### **Qualifications and Participation**

In order to qualify for the Alternative P.E. program (items #3 and 4 in the list above), students must be enrolled in grades 6-12 and be in good academic standing, as defined by MPS. In order to participate in the Alternative P.E. program, students must submit the following completed documentation to the Office on or before the second Friday of the semester to participate in the Alternative P.E. program for that semester:

1. Application for Participation in the Alternative Physical Education program; and
2. Acknowledgement, Waiver of Liability and Release Form.

These forms are attached to this policy (Appendix A and Appendix B) and will be made available at the Office. Approval of participation in the Alternative P.E. program will be at the discretion of the School Principal or Designee and all decisions will be final. Approval of participation in the Alternative P.E. program is only for the duration of one semester and students will need to re-submit the above required documentation to participate in the Alternative P.E. program for multiple semesters.

**Credit for Approved Activities**

Students who have been approved to participate in the Alternative P.E. program will receive credit on a pass/fail basis. In order to receive a passing credit for P.E. through participation in the Alternative P.E. program, students must do **all** of the following:

1. Participate in one or more of the “approved physical activities” under the supervision of a parent or an adult coach/trainer/instructor for an average of 200 minutes per week for 15 weeks after approval from the School Principal or Designee;
2. Complete all state-mandated physical fitness testing;
3. Submit a completed Record of Alternative Physical Education Attendance and Performance Form on or before the last Monday of the semester.

The Record of Alternative Physical Education Attendance and Performance Form is attached to this policy (Appendix C) and will be made available at the Office. If a student leaves the Alternative P.E. program early, fails to turn in the required documentation, and/or fails to complete an average of 200 minutes of approved physical activity per week for 15 weeks, the student will lose all hours earned and receive a fail/unsatisfactory credit towards MPS’ physical education requirement.

**State-Mandated Physical Fitness Testing**

All public school students in grades 5, 7, and 9 are required to take the physical fitness test, regardless of their participation in the Alternative P.E. program. Nothing in this policy shall be construed to relieve 5th, 7th, and 9th grade students from the state-mandated physical fitness testing requirement.

**School Attendance**

All students participating in the Alternative P.E. program must be enrolled in School full-time.

### **Appendix A - APPLICATION FOR PARTICIPATION IN THE ALTERNATIVE PHYSICAL EDUCATION PROGRAM**

Please read and fill-out the information below regarding criteria and procedures for students desiring to substitute Magnolia Public Schools' ("MPS") P.E. requirement with participation in approved physical activities through the Alternative physical education ("P.E.") program.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address/City/State/Zip Code: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian's Phone Number (if different from Student): \_\_\_\_\_

Parent/Guardian's Address (if different from Student): \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Period of Application (note: only one (1) application per-semester, a new application is required each semester):

School Year: \_\_\_\_\_  Semester (Fall/Spring): \_\_\_\_\_

**General Objectives:** Student will participate in one or more "approved physical activities" under the supervision of a parent or an adult coach/trainer/instructor for an average of 200 minutes per week for 15 weeks.

**Activity (please check one):**

- Participation in an on-campus sports team under the supervision of a MPS employee/coach
- Participation in an off-campus sports team under the supervision of an adult coach
- Participation in approved off-campus physical activity class under the supervision of a parent or adult coach/trainer/instructor

Please include number & length of workouts/practices per week and list of expected competitions:

The student will work toward the following skill and achievement goals:

The student will develop the following social skills related to teamwork and sportsmanship:

**Agreement:** We have read both pages of this application for participation in the Alternative Physical Education program and hereby agree to all the conditions set forth within and to assist the student in meeting the above time and work requirements.

Student's Signature: _____	Date: _____
Parent/Guardian's Signature: _____	Date: _____
Coach/Trainer/Instructor's Signature: _____	Date: _____

*FORM SHOULD BE COMPLETED BY THE STUDENT/PARENT AND RETURNED TO THE OFFICE ON OR BEFORE THE FIRST FRIDAY OF THE SEMESTER.*

*To be completed by School Principal or Designee:*

Date Application Received: \_\_\_\_\_

Student is in good academic standing (Y/N): \_\_\_\_\_ Student is enrolled in grade: \_\_\_\_\_

(OPTIONAL) Conference with student and parent/guardian(s) to discuss application (Y/N): \_\_\_\_\_

Approval to participate in the alternative physical education program (Y/N): \_\_\_\_\_

If not approved, what was the reason: \_\_\_\_\_

Principal/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## Appendix B - ACKNOWLEDGEMENT, WAIVER OF LIABILITY, AND RELEASE FORM (“WAIVER FORM”)

The Participant listed below is requesting participation in the Magnolia Public Schools’ Alternative Physical Education program:

Print Participant’s Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Semester/Year of Participation: \_\_\_\_\_

*In order to participate in Magnolia Public Schools’ Alternative Physical Education program, this Agreement must be signed. If the Participant is a minor, this Agreement must be signed by the Participant’s parent/guardian.*

I, the Participant (or if the Participant is a minor, the parent/guardian of the minor Participant), represent and agree as follows, on behalf of myself and my heirs, assigns, personal representatives, executors, administrators and estate:

1. I am at least 18 years of age.
2. **I understand and voluntarily assume the risks associated with participating in a Magnolia Public Schools’ Alternative Physical Education program (“the Activity”) and traveling to/from/during the Activity**, which include, but are not limited, to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), property damage, economic or emotional loss, and/or death. I understand that these injuries, loss or damage may arise from the Participant’s or other individual’s actions, inaction, or negligence, conditions related to travel, or the condition of the Activity location(s).
3. I understand that Activity may be provided by Magnolia Public Schools (“MPS”) or other companies with which MPS has partnered (“Partners”). I understand that the Activity may take place at locations that are not owned, operated or leased by MPS or Partners. I understand that Partners may require the Participant to agree to additional terms and conditions not set forth in this agreement. I understand that MPS, the Magnolia Board of Directors, and Partners each assume no responsibility for any liability, damage, loss or injury that may occur as a result of the Participant’s participation in the Activity including, but not limited to, the Participant’s traveling to, from or during the Activity.
4. Should I elect to participate in an Activity not through MPS or Partners, I understand that these coaches/instructors are independent of MPS. MPS has not investigated these coaches/instructors and makes no representations, warranties or guarantees about these coaches/instructors. MPS is not responsible for these coaches/instructors’ acts or omissions.
5. In consideration for the Participant being allowed to participate in the Activity, **I agree not to sue and to fully release, hold harmless and discharge MPS, the Magnolia Board of Directors and Partners including each of their respective successors, related entities, officers, directors, employees, volunteers, agents and independent contractors (collectively, “the School”)** from any and all claims, actions, and liabilities, including negligence claims, relating to or arising in whole or in part from the Participant’s participation in the Activity, the Participant’s use of any facility in connection with the Activity, the Participant’s travel to, from or during the Activity, or any acts or omissions of the School that relate to the Activity. If the School incurs any expenses, costs or attorneys’ fees in defending a lawsuit, claim or action related to or arising from the Participant’s participation in the Activity, I agree to fully reimburse the School for such expenses, costs and attorneys’ fees. This waiver shall not apply to conduct by the School that constitutes fraud, a willful injury or a violation of law.

- 6. I understand that this waiver and release applies whenever the Participant participates in the Activity, now or in the future, regardless of where the Activity takes place. I understand that I can revoke this agreement at any time, but only if I and an authorized executive of MPS sign a written document expressly indicating that this agreement is revoked.
- 7. I understand and agree that MPS is not responsible for any medical treatment or emergency transportation that the Participant may require during participation in the Activity or in the Participant’s travel to, from or during the Activity. I am aware that the Participant has health insurance.

**I HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS AND ACCEPT THEM VOLUNTARILY AND WITHOUT RESERVATION.**

I understand that this document is written to be as broad and inclusive as legally permitted the School. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

No other representations concerning the legal effect of this document have been made to me.

Participant’s Signature: _____	Date: _____
Instructor’s Signature: _____	Date: _____
Print Instructor’s Name: _____	Phone No: _____

**By signing below, in addition to acknowledging and agreeing to all of the foregoing, the parent/guardian of a minor Participant also acknowledges and agrees to the following:**

I am the parent or legal guardian of the Participant, and I have the legal right and authority to enter into this agreement on behalf of the Participant. I understand that I am responsible for the obligations and acts of Participant as described in this agreement. I voluntarily agree to be bound by the terms of this agreement.

Minor Participant’s Parent/Guardian Name (print)	Phone No: _____
Minor Participant’s Parent/Guardian Signature	Date: _____
Date on which the Minor Participant will turn 18 years old: _____	









Date	Activity	Time		# of Hours	Coach Signature
		Begin	End		

I affirm that the above record of participation is accurate to the best of my knowledge.

Total Number of Hours: \_\_\_\_\_ (Minimum: an average of 200 minutes per week for 15 weeks)

(please check the following that apply) Through participation in the Alternative P.E. Program, I:

- Participated regularly in physical activity
- Mastered the kinesthetic skills necessary to participate confidently in many different forms of physical activity
- Developed an understanding of the value of physical activity and its contribution to a healthy lifestyle
- Developed a range of social skills related to teamwork, sportsmanship, and cooperation
- Developed an understanding of the issues pertinent to health and the development of physical fitness
- Learned the implications and benefits of involvement in physical activity

**Supplemental Attendance/Performance Records may be Attached to this Form.**

Adult/Instructor/Coach Comments: \_\_\_\_\_

Adult/Instructor/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if under 18) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FORM SHOULD BE FILLED OUT BY THE STUDENT AND RETURNED TO THE OFFICE ON OR BEFORE THE  
LAST MONDAY OF THE SEMESTER.

To be completed by School Principal or Designee:

Date Form Received: \_\_\_\_\_ Principal/Designee's Signature: \_\_\_\_\_