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## **ATHLETIC OPTION PROGRAM (AOP) For Physical Education**

Date: \_\_\_\_\_

I \_\_\_\_\_ am opting out of physical education class during  
print student name

\_\_\_\_\_ season.  
varsity sport

I understand that I will not receive a physical education grade for this quarter. I also understand that it is incumbent on me to return to my regularly scheduled PE class should I become injured or unable to participate in my sport.

\_\_\_\_\_  
Student/athlete signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Coach's signature

\_\_\_\_\_  
Physical Education Teacher signature

Did this student/athlete score AHZ, in all 4 areas of the Fitnessgram physical fitness test? Yes or No (circle one)

\_\_\_\_\_  
Counselor's signature

\_\_\_\_\_  
Academy Principal's signature