

**DSST: Montview**

**Outside Participation Guidelines for 2021-2022**

The Athletic Department reviews all applications for Outside Participation credit.

**Directions:**

1. A detailed description of the outside program is to be submitted to Ms. Dresher.   (See page 2 - Outside Participation Form - Use an additional sheet of paper if necessary.)
2. The Outside Participation Form must be signed by the outside coach/instructor, parent, and  student.
3. The outside coach/instructor correct name, organization name, email address, and home number are required. ​**The supervisor cannot be the parent of the athlete.**
4. **If the student is playing an outside sport at a different high school please attach contact information for that school’s Athletic Director for eligibility checks.**
5. The Athletic Department, with the counsel of other administrators, reserves the right to weigh  the value of your proposal. If it is deemed not challenging enough or does not present enough  rigor, they can reject it.
6. Outside Participation Forms must be approved before the start of the Trimester the student  plans on participating. **Forms turned in without being approved will be rejected**.​ Forms are  valid for 1 Trimester only and must be re-submitted for subsequent Trimesters.
7. The student must spend at least 10 hours per Trimester participating in the sport/activity.
8. The outside program must have a coach/instructor who is willing to coach and oversee the  student as well as complete an end of the trimester Grade Report that evaluates the growth and  development of the athlete in his/her program. The Grade Report will be sent to the  coach/instructor at least two weeks prior to the due date. ​**It must be returned by the final day of  the indicated Trimester in order for the student to receive a P.E. credit.**
9. It is the responsibility of the student to follow through with all of the above guidelines.

**I have read and understand the above guidelines.**

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Student Signature Date

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Parent Signature Date

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Coach/Instructor Signature Date

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| DSST: Montview Middle School - Home | Facebook20-21Grade:**OUTSIDE PARTICIPATION FORM**DSST MONTVIEW HIGH SCHOOLDEPARTMENT OF ATHLETICSStudent Name: As part of DSST's Graduation Requirements all students must complete 4 credits of Physical Education over their 4 years in high school. Students may earn a credit by participating in a complete season of a CHSAA sanctioned sport or complete 10 participation hours (in a single Trimester) in an APPROVED physical activity, sport, or class that is part of an organized league, club, class, or other entity outside of DSST. **- - - BEFORE STARTING - - -**All activities outside of a CHSAA sanctioned sport must be approved by the Athletic Director, Ms. Dresher.  |
| Description of proposed program: (attach extra sheet if necessary). |
| Trimester 1: August – November Trimester 2: November – February Trimester 3: February – May Approval Signature DateHigh School Sport Played: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­** **OR** Description of Activity: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_**Hours of participation: **\_\_\_\_\_\_\_** |
| I certify that the above information is truthful and accurate.  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Student Signature Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Parent Signature Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Coach/Instructure Name Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Coach/Instructor Signature Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Coach/Instructor Email Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Coach/Instructor Phone # Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_** Organization Name  Completed Ms. Dresher’s Signature I.C.Athletic Office Use Only   |