

## Independent Athletics/Fine Arts Course Contract

Student must be participating in an Athletic/Fine Arts activity that is not currently offered at DCHS. Examples include: gymnastics, horsemanship, and hockey.

Student must participate in this activity on a regularly scheduled basis an average of 10 hours per week. Student must leave campus during the hour they are assigned for Athletics/Fine Arts. There is no study hall or area in which the student may remain on campus.

Students must provide a curriculum developed by their coach and submitted to Mr. Phillips. **Curriculum must include an overview of activities, goals, and how the activity will be evaluated for improvement.**

The coach's name and contact information must be included with the curriculum. If the coach for this activity changes before the end of the semester, the new coach's information must be given to the Registrar. A student's parent is not permitted to be the coach for this activity.

The course will be listed for credit as "Athletics" or "Fine Arts" on the student's transcript and will be awarded a grade of **Pass/Fail**.

Deer Creek School District and its employees **are not responsible** for any injuries that may be incurred as a result of participation in this Athletic/Fine Arts class.

Student and Parent must sign this contract and submit the curriculum before the student may be enrolled in the outside activity. Student will remain in their current courses and attending classes until this activity has been approved and their schedule adjusted by a counselor.

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Parent and student must initial each statement:

I am aware that I am required to practice for an average of 10 hours per week \_\_\_\_/\_\_\_\_

I am aware this is a Pass/Fail course \_\_\_\_/\_\_\_\_

I am aware that I am required to participate in my activity for the entirety of the semester \_\_\_\_/\_\_\_\_

I am aware that I am expected to be off campus during my Independent Athletics/Fine Arts hour \_\_\_\_/\_\_\_\_

Student's name (please print) \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Activity \_\_\_\_\_

Coach's Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_

Schedule Adjusted/Counselor's Initials \_\_\_\_\_ Date \_\_\_\_\_