

US Athletic Program Alternative Waiver Form

(Application for special consideration in a program that serves as an alternative to the Athletic Department requirement options.)

Athletic Program Alternative Policies

Alternative Athletic Programs: Students with demonstrated ability and a major commitment to training for a sport/ activity that BB&N does not offer (i.e. riding, skiing, swimming, figure skating), may apply for an off-campus Athletic Program Waiver. The Independent School League Bylaws state, “Multi-season, single sport: Athletes may not receive credit for participating in a sport (offered) for more than one season in an academic year”. All such proposals, and any additional season requests (fall, winter or spring) must be submitted to the Director of Athletics no later than the first official day of seasonal tryouts in order to seek approval. Seasonal tryout dates will be communicated to students/ parents via www.bbns.org and the seasonal Athletic Department Information Letter. Waiver Forms are available in the Athletic Department Office.

Alternative Artistic Programs: Students with a major commitment and demonstrated ability in the arts, including in-School tech, drama or dance (Grades 9-12, Tech and Drama not available in fall season for 9th graders), may request an exemption from the Athletic Requirement for the season of involvement. All students who receive Artistic Waivers must participate within the Athletic Program for at least one season per academic year, unless special request granted. Proposals (fall, winter, or spring) must be submitted to the Head of the Arts Department no later than the first day of seasonal tryouts in order to seek approval. Seasonal tryout dates will be communicated to students/parents via www.bbns.org and the seasonal Athletic Department Information Letter. Waiver Forms are available in the Arts Department Office.

Name: _____ **Grade:** _____ **Date:** _____

Students Athletic Department participation history for the current academic year:

Fall _____ Winter _____ Spring _____

1. Sport/ Activity and focus of your program:

2. Name and address of activity location: _____

Supervisor Name: _____
Phone Number: _____
Supervisor Signature: _____

3. Days and Times of Activity:

| Activity | | Hours |
|-----------|-------|-------|
| Sunday | _____ | _____ |
| Monday | _____ | _____ |
| Tuesday | _____ | _____ |
| Wednesday | _____ | _____ |
| Thursday | _____ | _____ |
| Friday | _____ | _____ |
| Saturday | _____ | _____ |

4. Signatures of Approval:

Parent/ Guardian _____

Advisor _____

Applicant _____

Athletic Department _____

Arts Department (For Artistic waivers only) _____


