STUDENTS INTERESTED IN RECEIVING ATHLETIC CREDIT FOR AN OUT OF SCHOOL ACTIVITY SHOULD BEGIN BY READING THE FOLLOWING:

1. CREDIT WILL NOT BE GIVEN FOR PARTICIPATION IN NON KENT DENVER ATHLETIC PROGRAMS FOR ANY SPORTS THAT KENT DENVER OFFERS. FOR EXAMPLE, A BOY CANNOT RECEIVE CREDIT FOR PLAYING CLUB LEVEL SOCCER AT ANY TIME DURING THE SCHOOL YEAR.

2. The time commitment of the outside activity must equal or exceed 10 hours of active physical participation/practice a week. The point of an independent sports’ credit is to allow students to pursue a serious and well-developed interest in an activity.

3. Students must have participated in the activity for a minimum of the 3 consecutive years before the request is made.

4. A qualified adult (certified or licensed) must supervise the activity and be responsible for vouching for a student’s completion of the necessary time requirements. The supervising adult must complete a final evaluation on a form provided by the Athletics, Health, and Wellness Department within two weeks of the completion of the trimester.

5. The activity must include a competitive or public performance element.

6. Credit will not be granted for activities that are offered in Kent Denver’s Health and Wellness curriculum. For example, out of school fitness classes, aerobics, and weight training will not be given credit.

7. Proposals for independent sports must be submitted by the posted and published deadlines for each season. Late proposals will only be considered under extraordinary circumstances.

8. The Director of Athletics withholding the right to judge the validity of an independent proposal. If, in his estimation the proposal is not rigorous enough, or does not represent a serious commitment by the student, he has the right to reject the proposal.

9. Appeals to decisions of the Athletic Director may be made to the Head of Upper School.
APPLICATION FOR INDEPENDENT SPORT

NAME_________________________________ GRADE ____ ADVISOR _____________

ATHLETIC ACTIVITY REQUESTED for CREDIT______________________________

DATE REQUEST MADE: ____________ SEASON OF REQUEST: F W S
(Independent sport proposals are approved for only one season at a time.)

DATE INSTRUCTION WOULD BEGIN: _____________ END: ________________

COACH/INSTRUCTOR(S) WHO WILL SUPERVISE YOUR PROGRAM:

NAME(S): _________________________ / _____________________________

Certification or License of coach: _____________________________________

ADDRESS OF COACH (S): ______________________________________

PHONE NUMBER(S): _______________ / ________________________

Schedule of games/performances, including dates and locations: Please Attach

LIST HOURS OF INSTRUCTING/COACHING:

Mon.:_____ Tue.:_____ Wed.:_____ Thur.:_____ Fri.:_____ Sat.:_____

INDICATE WHAT K.D.S. ATH. TEAMS OR H.W. CLASSES YOU HAVE PARTICIPATED IN:

9TH GRADE        _____________        _____________       _______________
10TH GRADE      _____________        _________ _______________
11TH GRADE      _____________        _____________       _______________
12TH GRADE      _____________        _____________       _______________

NUMBER OF CONSECUTIVE YEARS IN THIS ACTIVITY WITH A QUALIFIED
COACH OR INSTRUCTOR: _________

EXPLAIN YOUR REASON(S) FOR THIS APPLICATION ON AN ATTACHED SHEET.

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COACH/INSTRUCTORS’ SIGNATURE: _____________ DATE______

STUDENT-ATHLETES’ SIGNATURE ______________________ DATE______

DIRECTOR of ATHLETICS’ DECISION Approved/Denied DATE______