

# KENT DENVER SCHOOL

## Department of Athletics, Health and Wellness

### INDEPENDENT SPORTS' CREDIT

(upper school)

**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 withholds 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:

	FALL	WINTER	SPRING
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 \_\_\_\_\_