## Palos Verdes Peninsula Unified School District Independent Study Physical Education (ISPE) Checklist

The following documents must be completed and submitted for ISPE consideration. After the documents have been reviewed, the student and parent/guardian will be notified regarding the approval or denial of the ISPE application.

From th	ne student, parent/guardian:
	Vritten request/cover sheet to site administrator requesting consideration or Independent Study Physical Education (ISPE)
	copy of the previous semester's report card or a copy of the student's ranscript
	Completed Independent Study Physical Education application
ir	ividence and documentation of individual proficiency and elite status (May not not competitions and/or published state/national ankings)
□ V	Vaiver, Release, and Indemnity Agreement - Assumption of Risk Form
From th	ne off campus coach/instructor or agency
□⊦	Hold Harmless and Insurance Agreement
□E	vidence of Certificate of Insurance, also include:
	☐ Additional Insured – Designated Person or Organization
□F	irst Aid Certification
	CPR Certification
□ P	roof of age (over 21 years)
	Coach qualifications/credentials
□S	ignature and completed information on application

Please return the completed application packet to the Principal of your child's intermediate or high school by **August 15**.

(Should August 15 fall on a weekend or holiday, the packet will be due the following Monday.)

Date:\_



### Palos Verdes Peninsula Unified School District Application for <u>High School</u> Independent Study Physical Education

Instructions: This form is to be completed and returned to the student's counselor <u>prior</u> to the quarter for which the Independent Study PE (ISPE) is being requested.

ISPE is an optional alternative instructional strategy, not an alternative curriculum. Students work independently according to a written agreement and under the general supervision of a credentialed teacher. While ISPE students follow the District-adopted curriculum and meet the District graduation requirements, ISPE offers flexibility to meet individual needs, interests and styles of learning.

The ou	ıt-of-s	chool activity bein	ng proposed must:						
(2 (3 (4	2) co 3) in 4) in	onsist of instruction corporate researd corporate the eigh	r the direct supervision of a n that includes a minimum h and learning in the Distri at PE content areas manda urnal and time log docume	of ten hours a w ct health standar ated by the state	eek in the students comp ds, for 9 <sup>th</sup> grade students and District, and	petitive sport; s;	,		
Studer	nt's N	ame (print):			Grade:	Dat	e:		
☐ Firs			☐ Second Quarter		☐ Third Quarter		☐ Fourth Quarter		
I.		eneral informatio	on (to be completed by st	udent and pare	nt/guardian):				
		Description of proposed activity(ies):  Location where activity(ies) is to take place:							
			e(s) of activity(ies):						
			of minutes per week of out-						
	•	How long have	you participated in this ac	tivity(ies)?					
	•		pecific goals/objectives you						
	•		ns planned for the school y						
II.									
	•		of Qualification/Credentials						
	•	Mailing address	s:		Telepho	one #:			
	٠								
	•		of CPR/First Aid Trained: _						
	•		pecial conditions the stude			NO. 102800 NO.00			
		☐ Yes [	NO; If so, specify the	e conditions:					
informa any of during	tion of the a	outlined in the pred cove specification eriod of this indepe	-named student has discu zeding portion of this applic change or are not satisfie endent study and at the country; t):	cation are corrected. I will also pronclusion of the in	t. I further certify that I would be verification of compatruction.	vill immediatel pletion to the	y advise the school if		
							1460		
Signatu	ire of	validator:				Date	e:		
III.	10	ertify that the spe	NDERSTANDING FOR ST ecifications of the out-of-so of any changes in this pro	chool instruction	as outlined above are of	correct and th	at the school will be		
		areas with must also	nt must submit a journal o the time logs prior to the complete assigned Health t must maintain a minimun	last day of each lesson.)	quarter as detailed by th	ne supervising	teacher. (Freshmen		
		<ul> <li>the studen periodic in</li> </ul>	nt must attend the mandate individual progress meeting lid reasons may cause an	ory meetings hel gs. Missing as	d on the first and last we signments or appointme	eek of each q ents with the	uarter along with the supervising teacher		
I also a the inde	gree epend	o hold the District	nts in section III will result t harmless from responsible above or the travel to indent study.	ility/liability for ar	y accident or injury, whi	ch may result			
	Sic	nature of Student	i			Date:			
			Guardian:						
۸	IV.		on of counselor (to be construction specified above sa			nstruction ISPE	i.		
Office Use Only		Signature of Cou	ınselor:				Date:		
se									
$\supset$	V.	Approval of prin	ncipal (to be completed b	by principal or d	esignee) $\square$ Approved	☐ Denied			
ice		Signature of Drin	ucinal or Designos:	westerner of historial in	Liver Look HEC 1994 Pro-Case Telephone Services		Date:		
#0		orginature of PIIII	cipal or Designee:				20 07 28 20 70 70		
_	VI.	Monitoring PE t	eacher (to be completed	by PVPUSD PE	teacher):				

Signature of Teacher:

## **Palos Verdes Peninsula Unified School District**

## Request for Independent Study Physical Education (ISPE)

## **Cover Sheet**

Student Name:				
School:				
Grade:				
Address:				
Phone Number:				
Name of program or sport:				
Explanation of sport, activities, competitions, and reasons for the request for Physical Education Independent Study:				
Principal Signature:				
Date:				
☐ Approved:				
□ Not approved:				

from any and all loss, costs, and expense, including any liability or claim of liability for personal injuring property or any other loss, sustained or claimed or those of any of its officers, agents, employ Agreement or not. Agency further agrees to	(Agency) agrees to defend, indemnify, and hold harmless strict (District), its officers, agents, employees, or volunteers ading legal fees, or other obligations or claims, arising out only, bodily injury to persons, contractual liability or damage to do have been sustained arising of activities of the Agency wees, or volunteers whether such act it authorized by this waive all rights of subrogation against the District. The damage or losses caused solely by the negligence of the strict, and volunteers.
general liability coverage with limits not less to The District, its officers, agents, employees a additional insured by separate endorsement to	ct with certificates of insurance evidencing the Agency's than \$1,000,000.00 combined single limit per occurrence and volunteers will also be required to be named as an Agency's general liability coverage. Evidence of workers Limits and Employer's Liability limits of \$1,000,000.00 pe
Agreement and are fully aware of the legal co	nave read the Hold Harmless, Indemnity & Insurance onsequences of signing this instrument. The undersigned agent for the Agency, and maintain the capacity to sign
Signature (Authorized Agent of Agency)	
Print Name and Title	
Date	



## Palos Verdes Peninsula Unified School District

# WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK

Student's Name:							
Description of Activity:							
Date(s) of Activity/Program:							
undersigned is specifically aware and co	By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity resents a high risk of personal injury, bodily injury, property damage or death.						
voluntarily releases, discharges, waives property damage or wrongful death occi or any activities incidental thereto where The undersigned does for him/herself, h relinquish any action or causes of action that uner no circumstances will he/she	and relinquishes any a urring to him/herself arise ever or however the samnis/her heirs, executors, n, aforesaid, which may or his/her heirs, execut damage or wrongful de	participate in the activity described above and all actions or causes of action for persing in any way whatsoever as a result one may occur and for whatever period sail administrators and assigns hereby release thereafter arise for him/herself and for histors, administrators and assigns prosecuted that against the District, its Board, or a pregoing waiver does not apply in the even	rsonal injury, bodily injury of engaging in said activity id activities may continue ase, waive discharge and is/her estate, and agrees ate, present any claim for ny of its officers, agents				
In the event of illness or injury, I do liding diagnosis or treatment and hospital cattending physician, surgeon, or dentist facility furnishing medical or dental services.	are and emergency tra and performed under th	ansportation considered necessary in the	he best judgment of the				
I have read the foregoing and have vactivity and I am fully aware of the leg			al risks involved in this				
Parent/Guardian Signature	Date	Student's Signature	Date				
Parent/Guardian Name (Please Print)		Student's Name (Please Print)					
Street Address							
(H) Telephone Number(s)	(C)	(Wk)					
Telephone Number(s)							



Sample

DATE (MM/DO/YYYY) 5/28/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

PRODUCER			CONTACT Marga	rita Carı	canza		75 mars 200 mars 1 mars 200 ma
Insurance West Corp.			PHONE (80	5) 579-190	00	FAX (A/C, No); (805)	579-1916
2450 Tapo Street			E-MAHL ADDRESS MCGIT	anza@insu	rancewest.com	l .	
					ORDING COVERAGE		NAIC #
Simi Valley CA	93063	3	INSURER A Hart	ford Fir	e Insurance	Company	19682
INSURED			INSURER B :				
Mike Tertoole & Alex Foa	rd,		INSURER C :				
DBA: Hollywood Photo Boo	th		INSURER D :				
19185 Castlebay Lane			INSURER E :				
Northridge CA	91326		INSURER F :				
COVERAGES CE	RTIFIC	CATE NUMBER:13-14			REVISION NUM	BER:	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQUIR Y PERT CH POLI	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORI	OF ANY CONTRAC DED BY THE POLIC E BEEN REDUCED E	OT OR OTHER IES DESCRIE BY PAID CLAIN	R DOCUMENT WITH BED HEREIN IS SUB MS.	RESPECT TO	WHICH THIS
NSR LTR TYPE OF INSURANCE	INSR	WVD POLICY NUMBER	(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY	)	LIMITS	
GENERAL LIABILITY					EACH OCCURRENCE		1,000,000
X COMMERCIAL GENERAL LIABILITY			0/10/0010	8/19/2014	PREMISES (Ea occurren	ence) \$	300,000
A CLAIMS-MADE X OCCUR		72UUVKR6432	8/19/2013		MED EXP (Any one per	and the second	10,000
	-				PERSONAL & ADV INJ		1,000,000
25/11 422252475 1147 477 177 177	-				GENERAL AGGREGAT		2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC					PRODUCTS - COMP/O	P AGG \$	2,000,000
X POLICY JECT LOC	+-+	72UUVKR6432			COMBINED SINGLE LI		1 000 000
ANY ALTO		Hired Physical Damag	•		(Ea accident) BODILY INJURY (Per p	erson) \$	1,000,000
ALL OWNED SCHEDULED		\$50,000 Limit or ACV	8/19/2013	8/19/2014	BODILY INJURY (Per a		
X HIRED AUTOS X AUTOS AUTOS		\$1,000 Comprehensive	Ded		PROPERTY DAMAGE	s	
HIRED AUTOS AUTOS		\$1,000 Collision Ded			(Per accident)	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	5	
DED RETENTION\$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ПТ				WC STATU- TORY LIMITS	OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	s	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"'"				E.L. DISEASE - EA EMP	LOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY	LIMIT \$	
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHK ertificate holder is include ut of the negligence of the	ed as	Additional Insured	Schedule, if more space if or Liability	s required) but only	as respects	to claims	arising
ERTIFICATE HOLDER			CANCELLATION				
Palos Verdes Peninsula			SHOULD ANY OF TH	DATE THER	SCRIBED POLICIES REOF, NOTICE WIR		

ACORD 25 (2010/05)

Attn: Lydia Cano

Palos Verdes Estate, CA 90274

375 Via Almar

AUTHORIZED REPRESENTATIVE

Kenneth Tucker/KLEM

Sample

POLICY NUMBER: PHPK1115137

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)				
Palos Verdes Peninsula Unified School				
District				
Information required to complete this Schedule, if not shown a	above, will be shown in the Declarati	ons.		

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.