



## The Cambridge School of Dallas Off-Campus Alternative Sports Registration

*\*Please note that all alternative sports credits are subject to approval by the athletic director. Credit will be granted to students only after all documentation is received by athletic director verifying a comparable athletic commitment.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

Activity: \_\_\_\_\_

Semester:     ☐ 2018-19 (full year)     ☐ Fall 2018 only     ☐ Spring 2019 only

Dates of Participation: \_\_\_\_\_ through \_\_\_\_\_

Approximate # of hours of practice and/or competition weekly: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Site and Address of Facility: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Facility: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Phone Number Where Supervisor Can Be Reached: \_\_\_\_\_

### Off-Campus Alternative Sports Contract

I, \_\_\_\_\_, have chosen to participate in the  
Alternative Sports Program for credit at The Cambridge School of Dallas.

\_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature and Phone Number

\_\_\_\_\_  
Athletic Director