



The Cambridge School of Dallas Off-Campus Alternative Sports Registration

****ONLY complete this form if your child is applying for Cambridge credit for participation in non-Cambridge athletics.***

*****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: ☐ 2019-20 (full year) ☐ Fall 2019 only ☐ Spring 2020 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