



**IV. Excuses**

- A. Students must have either a doctor’s note or a parent’s note to be excused from participation.
- B. A doctor’s note is required after 3 days of parent excused notices from participation.

**VI. Grading Policy**

The purpose of this semester course is to provide a foundation of knowledge, skills, and values necessary for the implementation and maintenance of a physically active lifestyle. The course content provides exposure to a variety of movement opportunities and experiences which include, but are not limited to: Team Sports, Individual/Dual Sports, and Outdoor Pursuits/Alternative Sports. The integration of fitness concepts throughout the content is critical to student success in this course and in the development of a healthy and physically active lifestyle. (cpalms.org)

- \*Dress Out: 40%
- Participation: 50%
- Exams, Projects, Quizzes, and Assignments: 10%

- \*Students who do not dress out will have the opportunity to earn back “Participation” points by completing a writing assignment during the class period. Writing assignments are directly related to the unit being taught.
- \*Students who partially dress out will have the opportunity to earn back “Dress Out” points by completing an approved writing assignment/project at home. The PE teacher will provide a list of assignments from which to choose.

-----  
*I read and understand the above expectations. By completing this form and my signature below indicates that my child will adhere to all of Milwee Middle School’s P.E. expectations. Please contact your child’s PE teacher if you have any concerns. Thank you*

Student’s Last Name	First
Period	Grade
Parent or Guardian’s Name	Relationship to Student

Preferred method of contact (please list phone # or e-mail) \_\_\_\_\_

Does your child have any health irregularities, please indicate by checking the box.      Yes       No

If yes, health irregularities (such as **asthma**) that might cause a temporary interruption in physical activities, please describe. (If you would like to speak to a Coach about any medical issues do not hesitate to email or call.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent or Guardian’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_