DVHS PHYSICAL EDUCATION - Student Information Sheet

Name: _____ **Student ID:** _____

Address: _____

Student Home Phone: _____ **Student Cell:** _____

Parent Email: _____

Parents / Guardians: _____
(Please put last name if different)

Father's / Guardian's work phone: _____ **Father Cell:** _____

Mother's / Guardian's work phone: _____ **Mom Cell:** _____

Best time to contact you: _____

DEPARTMENT INFORMATION

PE Rules	Character	PE Procedures
• Students will be respectful and considerate of all during PE. • Students will follow teacher directions the first time. • Students will be on time and dressed out daily. • Students are graded on their participation and effort. Each day, they are expected to complete all activities and give their personal best. • Cell Phones and IPODS are not permitted in the locker room.	• When the teacher is talking, students will listen quietly. • Students will stay on task during class. • Students will display a positive and productive attitude during all PE activities. • Students will be issued a lock and they are responsible for securing all their personal belongings every day.	• If student misses a day, he/she will need to make up the absence and turn in a make-up form. 30 minutes of outside exercise will be accepted for make-up credit. • Non-dresses are not allowed to be made up. • Dressing out includes: Proper DV PE uniform and athletic tennis shoes.

Contract Agreement

I have read, discussed and will support the expectations and rules set forth by this syllabus with my child. I will support the PE guidelines and procedures set forth above. Please sign and return this form to your teacher.

Parent / Guardian: _____

Student Signature: _____

Waiver

PE, Dance, Yoga and Weight training requires physical activity. As with any physical activity, this involves risks of injury. I fully assume all of the risks of such participation, including, but not limited to, the following: dangers arising equipment failure and inadequate safety equipment, health risks of extreme or rigorous physical activity, pre-existing medical conditions, and risks arising from the negligence of Desert Vista High School and Tempe Union High School District. By participating in the above activities you may be exposed to several inherent risks, including but not limited to those listed: • Injury to Feet & Hands (e.g. Smashed, broken bones, bruised) • Pulled Muscles • Twisted Ankles • Scratches and Bruises • Sprains • Joint Injuries • Back injuries • Concussion •

Parent / Guardian: _____

**Medical Release: I have legal custody or control of my child and grant permission for any emergency treatment and services that may be rendered to said minor under the general or specific direction of
Dr.** _____ **Phone#** _____
Or any hospital emergency department physician.

In case of an emergency, whom should we contact? _____