

## ST. ANTHONY'S SCHOOL

# PHYSICAL EDUCATION GUIDELINES

### PURPOSE

The purpose for these guidelines are to acquaint you with the procedures, and regulations that will help you to do a better job in your physical education class.

In our curriculum we are going to teach a wide variety of physical activities that emphasizes the relationship that regular exercise and good nutrition have with disease prevention and a healthy life.

Reinforcement of these principles provided at home can further enhance this very important message.

### GOALS

To develop an awareness of the importance of personal fitness and acquaint students with programs for maintaining fitness in adult life.

To provide instruction for the development of basic physical skills that will allow personal fulfillment in the use of leisure time.

To expose students to a wide variety of physical activities in an effort to allow them to find areas of enjoyment as well as benefit.

### PHYSICAL EDUCATION EXPECTATIONS

1. On time and in correct attire.
2. Active participation and effort during class.
3. Attention to personnel hygiene procedures.
4. Sportsmanship along with fitness and skill testing.

In general, daily points are earned by meeting all responsibilities during the entire physical education period.

### ALL STUDENTS

#### INSTRUCTION IN TOTAL P.E. PROGRAM GUIDELINES

1. Safety
2. Care of equipment
3. Care of property
4. Uniform requirements
5. Personal hygiene
6. Graduation requirements
7. Grading policies
8. Makeup policies
9. Sportsmanship

*"The strength of our democracy is no greater than the collective well-being of our people. The vigor of our country is no stronger than the vitality and will of our countryman. The physical, mental, moral, and spiritual fitness of every American citizen must be our constant concern."*

*-John F. Kennedy*

## GRADING POLICY

### Daily Participation

- \*Students will dress in correct clothing, be on time, and maintain personal hygiene.
- \*Students will participate in warm-up exercises, physical fitness and health related activity each day.
- \*Daily points are maintained by meeting all requirements during the entire PE period.
- \*Exhibit fair play, cooperation, good sportsmanship.

### Skill/Written/Fitness

- \*Objective testing/assessment of health-related fitness based on level of improvement.
- \*Objective testing of skills.
- \*Knowledge of health-related fitness or skill related concepts.
- \*FitnessGram Physical Fitness Assessment

### GRADING SCALE

#### TRIMESTER

- 93 - 100 % = A
- 83 - 92% = B
- 70 - 82 % = C
- 60 - 69 % = D
- 59% - Below = F

### LOST GRADE POINTS

- \*Not Prepared For Class
- \*Unexcused Absences
- \*Ditching
- \*Non-Participation
- \*Poor Sportsmanship

## ABSENCE POLICY

P.E. is a class that is participation and performance oriented. Consistent attendance is very important and excessive absences will adversely affect a student's grade. Excused absences may be made up within two weeks of the absence by attending Lunchtime make-ups. Non-Participation during class will result in a Lunchtime make-up (Yellow Card). A Travel Log is required to be completed if you will be out of town for any pre-arranged trip. You must pick-up a Travel Log prior to your trip or you may download off the website.



## MEDICAL EXCUSES

Parents and/or the school nurse may excuse you from participating up to three days per trimester by writing the instructor a note stipulating the number of days. Students require a note from their doctor to be excused for longer periods of time. Written assignments on a topic related to Physical Education and/or Wellness are given and graded when on a medical excuse; if you are unable to do a modified activity. You may NOT participate in a school athletic event if you are requesting to be excused from PE. for that day.

## PHYSICAL EDUCATION ATTIRE

St. Anthony's School students enrolled in Physical Education are required to wear appropriate physical education attire. The below should be followed:

- \* Must comply with all school dress codes (shorts must be worn under skirts).
- \* SHOES - Athletic shoes appropriate for the activity, no sandals or hard toe shoes. Shoelaces must be tied.
- \* SOCKS - Socks are required in all classes.
- \* JEWELRY - is not allowed to be worn to class.
- \* SUNSCREEN - it is highly recommended for students to wear sunscreen to class.



## INJURIES

Report all injuries to your instructor. **CAUTION** - horseplay or fighting will not be tolerated.

*"Strength of bone increases with the amount of strain it is subject to" -Morehouse and Cooper*

*I have read the Physical Education Guidelines and understand the policies as stated. I have received a copy to take home and review with my parents.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

# ATHLETIC CONSENT WAIVER

## DIOCESE OF FRESNO PERMISSION TO PARTICIPATE IN A SCHOOL ACTIVITY, RELEASE OF LIABILITY, AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

**TO THE PARENT/GUARDIAN:** You must give permission for each child enrolled to participate in the specific event, activity, or sport indicated on this form. You must also have signed the annual form for your child to attend and participate in any school-sponsored event, activity, or sport.

Name of Child (First, MI, Last Name)	School Year <b>2009-2010</b>	Grade
Name of Parent/Guardian (First, MI, Last Name)	School Name <b>St. Anthony's School</b>	
If your child is younger than 6 years of age, does your child weigh 60 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Event/Activity/Sport: <b>Athletic/Sports Teams</b>		

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions of the school, school personnel, or adult leadership of this activity. I understand that participation in this school-sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the school.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility for death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

This permission, waiver, release, and consent applies to the school named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

**Off-campus Field Trip Information:**

Destination of Field Trip:	
Departure Date and Time:	
Estimated Return Date and Time:	
Mode of Transportation:	Trip Fee (if applicable):

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Continued on reverse side:

**The following information is provided for the benefit of the school:**

Daytime Phone Number(s) of Parent/Guardian (M) _____ (F) _____	Nighttime Phone Number(s) of Parent/Guardian (M) _____ (F) _____
Pager/Cell Phone Number(s) of Parent/Guardian (M) _____ (F) _____	Child's Date of Birth
Home Address: (M) _____  (F) _____	City, ZIP (M) _____  (F) _____
Emergency Contact Other than Parent/Guardian	Phone Number(s)
Allergies (food, drugs, insects, etc.)	
Medications (name, dosage, reason)	
Other information or Special Health/Physical Considerations (Attach extra sheet if necessary)	
Insurance Carrier	Insurance Group or ID Number
Name of Child's Doctor	Phone Number
Name of Child's Dentist	Phone Number
Name of Child's Orthodontist	Phone Number

In the event of an emergency and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	Date Form Received by School:	Received by:
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# *St. Anthony's Athletics*

## PARENT CODE OF CONDUCT

St. Anthony's School would like all participants to have a positive, fun experience during their respective sports season. We would like to create a competitive atmosphere where camaraderie and mutual support are two items the players get out of their season. Therefore, the parent(s) must adhere to a code of conduct as described below.

**Each parent planning on attending practices and/or games and tournaments must initial each point after reading and sign at the bottom of these rules.**

- ( ) Parents are **NOT** to discuss concerns or problems with coaches during practices, games or tournaments. In the event of problems, parents will wait 48 hrs. before contacting the coach.
- ( ) If there is a concern, the chain of command is as follows: **1)** Player speaks to Coach. If this does not rectify the situation, **2)** Parent speaks to Coach. If there is still not a resolution, **3)** Parent speaks to Director of Sport, **4)** Parent speaks to Athletic Director, **5)** Parent speaks to Principal if all other communications do not resolve the problem.
- ( ) Parents will **respect** the coaches, director, team parent, team members and their own players during the team's season.
- ( ) Players will be **courteous** and **respectful** of other teams, parents, players, officials and scorekeepers.
- ( ) There will be **NO** swearing at, shouting at or physical shoving of other players, parents, coaches or officials.
- ( ) There will be no trash talking or criticizing of coaches, players, other parents or other teams.
- ( ) Parents will acknowledge and follow all rules at practice and tournament facilities.
- ( ) Parents will encourage hard work and honest effort that will lead to improved performance and participation.
- ( ) Parents will stay away from the playing area during competitions.
- ( ) Parents will **NOT** address the teams, coaches, players and **especially NOT** the officials during games.
- ( ) Parents will provide positive support, encouragement, cheerleading and general cheering from the sidelines during games.
- ( ) Parents will be supportive of their son/daughter and will maintain a positive attitude.
- ( ) Parents will encourage their players to work hard off the court/field to improve time and play on the court/field.
- ( ) The roles that the players are asked to play is the domain of the coach and **NOT** the parent.
- ( ) Parents will respect the coaching decisions during games and maintain a spectator role.
- ( ) Parents will provide their player(s) with proper nutrition and hydration during the season. It is vital to send proper food and water with your player when you are not able to attend a game. You cannot always depend on there being a snack bar to acquire food.

I consent to abide by the code of conduct as described above.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name