**GOSHEN HIGH SCHOOL**

**PHYSICAL EDUCATION SYLLABUS**

**Coach A. Warrick (**[**awarrick@pikecountyschools.com**](mailto:awarrick@pikecountyschools.com)**) & Coach B. Snyder (**[**bsnyder@pikecountyschools.com**](mailto:bsnyder@pikecountyschools.com)**)**

**Phone: (334)-484-3245**

**VISSION AND MISSION STATEMENT**

We believe that physical education is a vital component for the development of student's physical mental and social well-being. It is our mission to provide an equal opportunity to our students, through planned activities, for physical development in areas of strength, flexibility, coordination, endurance, balance, agility, range of motions, and power. The information will be provided for the students to execute proper exercise techniques, practice good nutritional habits, basic muscle anatomy, cardiovascular physiology, and sportsmanship.

**Objectives of Physical Education**

As developed by the Alabama Department of Education, course standards include:

1. The students will be competent in many movement forms
2. The students will understand how and why one moves in variety of situation and will use this information to enhance his or her own skills
3. The students will achieve and maintain a health enhancing level of physical fitness
4. The students will exhibit a physical active lifestyle and will understand that physical activity provides opportunities for enjoyment, challenge, and self-expression.
5. The students will demonstrate responsible personal behavior while participating in movement activities
6. The students will demonstrate responsible personal behavior while participating in movement activities and understand the importance of respect for others
7. The students will understand the interrelationships between history, culture, game, sports play, and dance

**Class Expectations and Requirements (Rules):**

1. Students must be in the gym prior to the tardy bell.
2. Students must wear appropriate footwear.
3. No food, drinks, or gum allowed in the gym.
4. No jewelry should be worn in the gym.
5. Appropriate shirts and shorts should be worn during PE.
6. No Bullying

**Grading will be based on the following:**

**Assessment Area How Students Will Be Assessed**

Participation/Daily Activities 80% Exercise, practice, activities, drills, and games

Skills 10% Evaluation of skills

Written Work/Tests 10% Assignments or written tests to reinforce concepts

**Medical Excuses**

All medical excuses should be reported to the coach by a written note. The following is required on the note: student's name, date, phone number, specific limitations and written by parent or legal guardian with signature. More than 3 days on a medical excuse will require a note from a physician. **Please sign and return to your P.E. Teacher**

\_\_\_\_ My child has no known physical problems or conditions and CAN participate in Physical Education

\_\_\_\_ My child HAS a physical or medical condition that will interfere with physical activity and is indicated below. (Please make copies of any document from a physician.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL EDUCATION SAFETY CONTRACT**

**I agree to:**

* Act responsibly at all times.
* Follow instructions given orally by my teacher.
* Carry out good housekeeping practices in the gym, classroom, and school.
* Notify my teacher immediately of any injury or emergency.
* Follow all severe weather and lock down procedures.
* Wear some type of closed toe shoe with rubber soles. (No flip flops or sandals)
* No loose jewelry.
* No horse play.
* Any violations of this contract will be grounds for immediate disciplinary action.

**Consequences:**

* 1st offense- verbal warning
* 2nd offense- The student has to sit out for 5 minutes.
* 3rd offense- the student has to sit out for 5 minutes and loses 10 points which will result in a 90 for the day.
* 4th offense- the student has to sit out for the entire PE class and a parent conference will be arranged.
* 5th offense- office referral

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Return this portion to your teacher)

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) have read each of the statements in the Physical Education Safety Contract and understand these safety rules. I agree to abide by the safety regulations and any additional written or verbal instructions provided by the school district or my teacher. I further agree to follow all other written and verbal instructions given in class.

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

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_