**Spring 2019 Lifetime Sports Syllabus**



**TEACHER CONTACT INFORMATION:**

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1. **Units**
	* Table tennis Bocce Ball Wiffleball Kickball
	* Badminton Basketball Leisure Sports Fitness
	* Pickle ball Volleyball Bowling
	* Tennis Frisbee Golf Capture the Flag
	* **FINAL EXAM**
2. **Weights of grades**
	* Major Assessments – 80%
	* Minor Assessments – 20%
3. **Daily Grade
**
4. **Absences/Make-up Work**
	* Any non-school related absence will need to be made up via SMART Lunch intramurals. Students will receive a zero for the day absent. Upon signing in and completing a SMART Lunch intramural session, all points will be rewarded to the student.
	* SMART Lunch Intramurals are available on the following days:
	Weight Room: Mondays & Thursdays A Lunch
	Main Gym: Mondays, Tuesdays, Fridays A Lunch
	* Students who do not make up missed work will not be given credit
5. **Medical / Injury**
	* If a student cannot participate due to a medical reason a **doctor’s note** is required
	* If a student is injured for a length of time they will be provided with an alternate assignment for each day they cannot participate in order to receive full credit for each day.

Student Medical Information Sheet

* The student is able to participate fully in all sports-related activities? YES NO

If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* The student is able to participate in all conditioning related activities? YES NO

If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Please list any allergies the student has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* Are there any conditions/surgeries not addressed above that you would like to make the teacher aware? YES NO

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By completing the bottom part of this sheet, the student and parent/guardian acknowledges that they understand the procedures, expectations, and grading outlined in the syllabus and will abide by them.

Student’s Name (PRINTED) Student’s Signature

Parent/Guardian’s Name (PRINTED) Parent/Guardian’s Signature

***Parent/Guardian Contact Information:***

Email:

Preferred Phone Number:

**Preferred Method of Communication** (please circle one): EMAIL PHONE