



Return to: Healthful Living Teacher

Rolesville Middle School Healthful Living Procedures

The procedures below are expected to be followed for the safety of all students in Healthful Living. Please have your parents read and fill out the back of this form and return it to your Healthful Living teacher.

Movement Procedures

- Go directly to the locker room and dress out and/or place your back packs down. If you are **not dressing out**, go directly in the front gym doors place your bag down on the assigned bleacher. Go to your assigned area as you come into the gym. When the whistle blows go directly to your assigned squad line and have a seat.
- End of class, come out of the locker room and go to your assigned squad line and have a seat wait for dismissal.
- Exiting the gym, you will use the front gym doors and go directly to your assigned team stairwell/hallway and head back to core.
- Bathrooms should not be used during transition between classes, first, and last 10 minutes of class.

Locker Room

- Students are expected to be on time. Students have five minutes to dress in/ out for class.
- Students should change promptly and report to assigned area in the gym.
- No horseplay in the locker room.
- Students are expected to secure their belongings and leave other students' property alone. You should use the lock you purchased at school for the locker room.
- Locks and belongings need to be removed from the locker room each day. No belongings are allowed to stay in the locker room overnight.
- All valuables should be left at home or in the hall locker (this includes cellphones, Air pods, wallets, and purses). Absolutely **no electronics, cellphones & earbuds should not be out or on at any time**.
- No AEROSOLS** (No perfume, no body sprays, no spray deodorant). Stick or roll-on deodorant only.
- No sharing of personal items (brushes, deodorant, water bottles, etc.)

PE/Fitness Uniforms

- Students should wear appropriate athletic attire for PE/Fitness (Clothes you can freely move in to participate in all class activities). Items should follow school dress code. This includes proper athletic footwear, sneakers, (no crocs, sandals, slippers, flip flops, dress shoes, etc.)
- Essential costs: Shirts: \$8.00, Shorts: \$12.00, Locks: \$5.00, PE Bag \$8.00.

Behavior

- Good sportsmanship and self-control are expected behaviors. Profanity should not be used during class.
- PE equipment should not be used unless instructed by a teacher. PE equipment should always be used properly and not in a way that could cause damage or harm to other participants.
- Gum, food, drinks, perfumes, lotions, and/or any type of **AEROSOLS** are prohibited in the gym and locker room area. **This means NO lotions, perfumes, aerosols, gum, or food in the gym.**
- Absolutely no cellphones, Air pods, earbuds, or other electronic devices during class.**

Grading

- Physical Education/Fitness:** 30 points per week. (Includes Warm-ups/Instant Activity, Participation in class, Fitness Assessments, Fitness Logs, and Reflections)
- Health Education:** Power Assignments (Test/Projects)- 30 points
Classwork/Reflections – 15 points

No Homework – Students are expected to study for all assessments.

Injuries

- Please report any injuries immediately to your PE teacher or any PE staff member
- Only students with a note from a **Doctor** are excused from class. You must provide a doctor's note when the student is released from injury restrictions. A one-day parent note will be accepted but must be followed on the second day by a doctor's note. Only a doctor's note excuses a student from class activities.

Needed Supplies

- Athletic Shoes for PE/Fitness
- PE Appropriate Clothes
- 1 inch 3 ring binder/notebook paper
- Pencil/pen
- Colored pencils/ markers
- Water Bottle for Fitness/PE
- School Issued Computer for Health

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If you have any questions or concerns, please call or e-mail the Healthful Living Staff.

**ROLESVILLE MIDDLE SCHOOL
HEALTH and PHYSICAL EDUCATION DEPARTMENT
STUDENT MEDICAL INFORMATION SHEET**

Student Name _____

Parent/Guardian _____

Phone(H) _____ **(W)** _____ **Email** _____

Parent/Guardian

Please answer the following questions concerning your child's health.

1. Does your child have any physical limitations that would prevent him/her from active participation in physical education?

Yes _____ No _____

2. Has a medical doctor advised limited physical activity?

Yes _____ No _____

3. Please list **any** physical limitations your child may have. Please be specific.

I have read the objectives and procedures of the Health and Physical Education Department.

Parent/Guardian Signature _____

Student Signature _____

Date _____

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