



Adrian Middle School 7/8
Physical Education



Students Name: _____ P.E. Class Period: _____

P.E. Teacher: Mr. Roback

I have read and understand the information on the physical education department's procedures, expectations, and grading. I will follow the rules set forth in the policy.

Students Signature: _____

As a parent, I have read and understand the information on the physical education department's procedures, expectations, and grading. I will help my child to follow the rules set forth in the policy.

Parent/ Guardian's Signature: _____

Parent/ Guardian's Name (please print) : _____

Parent/ Guardian's contact information:

Email: _____

Home phone: _____

Cell phone: _____

Work phone: _____

*****MEDICAL ALERT*****

Parent/ Guardian: Please indicate and/all medical conditions that may impact your child's performance in physical education class.
