

**PLEASE COMPLETE THIS PAGE AND RETURN IT  
TO YOUR TEACHER IMMEDIATELY!**

Teacher: \_\_\_\_\_ Period: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Name: \_\_\_\_\_ Division: \_\_\_\_\_

Student Number: \_\_\_\_\_ Medical Plan #: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Emergency Contact#: \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_

***Please read the following and sign below:***

I have read the Course Outline for Physical Education students in grade 11 and 12 and understand the policies and procedures outlined. Should I not abide by these policies and procedures, I am subject to the consequences stated.

I give my son/daughter permission to leave the school grounds under the supervision Of his/her teacher for activities such as: beach walks/runs, and field trips Within walking distance (bowling, pool, etc.) during the spring/fall semesters.

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Student Signature

**Medical Alert information and/or medical concerns/conditions:**

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

*If you have any questions regarding Earl Marriott Secondary's Physical Education Program, please feel free to contact us at the school. Also, if you have any health or fitness questions or uncertainties please contact us as we would be pleased to answer your questions.*