

**PHYSICAL EDUCATION
Participation Form
2021-22**

Teacher _____ Grade _____

Student Name: _____
last first

Dear Parent/Guardian:

Before allowing your son/daughter to participate in any strenuous activity in Physical Education classes, please read this form carefully.

Complete the information below and return it to Mrs. Fenwick by no later than September 11, 2020.

The Physical Education program, as with other areas of the curriculum taught at St. Dominic School, is comprised of a variety of activities and assessments in accordance with the *Archdiocese of Louisville Curriculum Framework* and which are aimed at fulfilling the physical, emotional and social growth and development needs of each student. Therefore, students are encouraged to participate in Physical Education activities to the fullest extent possible, just as they would be expected to do in any course of study at St. Dominic School.

In the event that your child cannot participate in Physical Education due to illness, injury or other reasons, please refer to the following school policy:

Parents should notify the school of any condition which may affect a student's participation in school. In cases of injury or illness in which a student has been treated by a physician, parents should send a copy of the doctor's orders to the school if the illness or injury affects student participation in any way. For cases in which the student was not seen by a physician, parents must submit a signed and dated note describing the illness/injury and notifying the school of any changes that will be necessary in the child's daily routine. All physician and parent notes are to be sent to the child's homeroom teacher who, in turn, submits the note to the school office. If a note requires that a student abstain from full participation in P.E. classes, the school office will notify the Physical Education teacher.

—St. Dominic School Student-Parent Handbook

PHYSICAL EDUCATION PARTICIPATION

_____ Yes My son/daughter is physically fit to take part in the strenuous activities that are part of the Physical Education program at St. Dominic School.

_____ No I have attached a signed physician's statement explaining any diagnosed medical condition(s) and related restrictions/limitations so that an adapted program for Physical Education can be designed for my child.

Parent/Guardian Signature: _____ Date: _____