

Please fill out this page and return it to your Physical Education teacher. Please contact us at any time with questions or concerns. We look forward to a wonderful year! Thank you.

### STUDENT/TEACHER/PARENT CONTRACT FOR PHYSICAL EDUCATION

My child and I have read the information in the A.P. Giannini Middle School Physical Education Handbook. We understand that it is my child's responsibility to know and follow the rules and policies in order to succeed. As a parent/guardian, I will support the Physical Education Department in the event that my child does not follow the rules.

1. \_\_\_\_\_ I will come to class prepared, on time, and properly dressed in the A.P. Giannini physical education uniform
2. \_\_\_\_\_ I will participate in all Physical Education activities to the best of my ability.
3. \_\_\_\_\_ I will listen to instructions and follow the directions of the teacher/s.
4. \_\_\_\_\_ I will treat myself, my teacher/s, my classmates, and the Physical Education equipment with respect.
5. \_\_\_\_\_ I understand that not everyone has the same skill level, but I will show cooperation, sportsmanship, and encourage my classmates to do their best.

Student First and Last Name: \_\_\_\_\_ Period \_\_\_\_\_  
(PRINT NAME)

Student Signature \_\_\_\_\_ Roll Call# \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name Kristy Erickson Date 8/24/09  
(PRINT NAME)

Teacher Signature: Kristy Erickson School Phone# 759-2770

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_