

GCMS MIDDLE SCHOOL PHYSICAL EDUCATION

ACTIVITIES PERMITTED

ALL YEAR ALTERNATIVE ACTIVITIES:

- _____ Aerobics
- _____ Dodgeball (with foam ball)
- _____ Pilates/Yoga
- _____ Power Walking
- _____ Walk/Run
- _____ Jump Roping
- _____ Conditioning Stations (upper, lower body or both)
- _____ Thera-Bands

FIRST SEMESTER ACTIVITIES:

- _____ Fitness Assessment (Fitness Gram Test)
- _____ Flag Football (Flicker Ball)
- _____ Soccer (Indoor Soccer / Speedball)
- _____ Lacrosse
- _____ Basketball
- _____ Volleyball

SECOND SEMESTER ACTIVITIES:

- _____ Recreational Games (Team Handball, Floor Hockey)
- _____ Recreational Games (Croquet, Bocce Ball, Horse Shoes, Frisbee Golf)
- _____ Kick Ball (Mat Ball)
- _____ Danish Longball
- _____ Pickle Ball
- _____ Badminton
- _____ Social Dance
- _____ Fitness Assessment (Fitness Gram Test)
- _____ Whiffle Ball
- _____ Softball

PHYSICIAN'S SIGNATURE: _____

DATE: _____

TO: PARENTS AND GUARDIANS OF Gibson City-Melvin-Sibley students

RE: A NOTICE ABOUT PHYSICAL EDUCATION CLASSES

If your son/daughter is to have limited physical education due to injury or illness, please have your doctor fill out this form. Additional forms may be obtained from the physical education teacher, school nurse or the school office.

Dear Physician:

State education law requires that all students be enrolled in a physical education course. The physical education program at GCMS is planned so that every student who is able to be in school will be able to benefit from some phase of the physical education program. Since we as professionals want to do what is best for each and every child, we will attempt to modify our physical education activities/schedule to meet the specific limitations of the student listed below. With these thoughts in mind, we would like you as the attending physician to recommend for the student listed below the extent of activity in which he/she may participate.

Please complete the information requested and check the activities in which the student may safely participate considering his/her injury or illness. We will develop a program of activity based on your recommendations. Thank you for your time, assistance and consideration.

Sincerely,

GCMS Physical Education Department

NAME OF STUDENT/PATIENT _____

DATE OF OFFICE VISIT _____

INJURY/ILLNESS _____

SPECIFIC INSTRUCTIONS REGARDING PARTICIPATION:

LIMITED PARTICIPATION (ACTIVITIES ON BACK) COVER
DATES FROM _____ TO _____