

# Physical Education

## Contact Info

Coach Boyd: [jboyd2@acpsd.net](mailto:jboyd2@acpsd.net)

Coach Bush: [cbush@acpsd.net](mailto:cbush@acpsd.net)

Contact Information

Student Name \_\_\_\_\_ Class Period \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Parent(s) email address \_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Does your child have any medical or physical problems that could affect him/her from participating in physical activities?  
If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Comments/Additional Information \_\_\_\_\_

\_\_\_\_\_

Due to certain circumstances, there are times PE classes are unable to use the gym and/or the field. We are given classrooms and sometimes watch videos. Please indicate below if you give your child permission to watch PG rated movies during this time or if you would prefer they are given an alternate assignment.

Initial One:

My child has permission to watch PG rated movies

My child does not have permission to watch PG rated movies

I have read and understand the rules, grading, and class guidelines for Physical Education and I have no questions.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_