



Heatherwood Middle School Lifetime Fitness

Lifetime Fitness Teacher

Mr. Brown

Mr. Burgess

Ms. Watson

Ms. Weiss

Classroom Expectations

1. Be on time for class (in the locker room before tardy bell).
2. Suit up in Lifetime Fitness clothing everyday and manage locker room.
3. After dismissal from the locker room, quietly enter the lower gym and go straight to and be seated at your attendance/warmup area.
4. Practice good listening during instruction.
5. Work to the best of YOUR ability. PARTICIPATE!
6. Treat everyone with respect, encourage others, have fun!!!



Uniform Standards for Gym

Students must wear Heatherwood PE shirt and shorts.

Must wear appropriate athletic shoes (rubber soled –shoes that tie)

Students may wear sweat shirts (over PE shirts-after roll check).

**Fit For
Life!
Get Fit**

Medical Concerns

Students may be excused from participation for up to 3 days with a parent note for medical reasons. A doctor's note is required for medical concerns going beyond 3 days and also is needed for re-admittance. Students who are on medicals for more than one week will be re-assigned to the library during their medical release with the exception of portable/classroom days. Head injuries also require a doctor's note for medical release and re-entry to class.

Rockwall: In addition to our regular program, your student will have an opportunity to participate in rock wall climbing and perimeter trail runs/walks as part of our Lifetime Fitness program. Our climbing wall provides a horizontal climb with limited height.

—————Cut along ——— this line ——— keep the above portion for your reference ——— thank you!!!!

PLEASE SIGN THE FORM BELOW AND RETURN TO YOUR TEACHER

Student's name: _____ Class Period _____

My child agrees to the classroom expectations and has my permission to participate in Rock Wall Climbing and Campus Trail Runs/Walks at Heatherwood Middle School. I understand that my child must follow teacher rules at all times to avoid potential injury to themselves or others. If you have any concerns about your child participating in these activities please contact your PE teacher.

(Please print parent's name)

(Parent signature)

Parent e-mail address: _____

If you are absent for more than three days, please check with your teacher for an Activities Makeup Assignment.

Please see your teacher's web or Canvas page for the more complete version of class expectations.