

PHYSICAL EDUCATION 10
STUDENT PROFILE FORM



Name: _____

PE Teacher: Ms Coulson

PERIOD: _____

COUNSELLOR: _____

HOME PHONE #: _____

Current Address: _____ Postal Code: _____

Mother or Guardian's last name (if different from yours) _____

Mother's cell or work #: _____ Email: _____

Father's last name (if different from yours): _____

Father's cell or work #: _____ Email: _____

FIELD TRIP PERMISSION:

Dear Parent/Guardian,

Your son/daughter will be required to travel off-site (by school bus, charter bus or foot) for a variety of activities (e.g., skating, bowling & to Winslow Ctr) throughout the semester.

ACKNOWLEDGEMENT: The activities listed on the Course Outline all carry with them inherent risks. Safety precautions are taken and students are expected to follow all instructions from supervising adults.

We require your signature below as an indication of your acceptance of your child's participation in our on and off-site activities.

MEDICAL CONCERNS: please list any medical conditions I should be aware of (e.g., allergies, recent injuries that will affect your child's performance, etc.)

CARE CARD #: _____

EMERGENCY CONTACT: Name _____ Phone # _____

I _____ give permission for my child to participate in the planned off and on site P.E. activities throughout this semester. Circle one or both – semester 1 / semester 2

PARENT SIGNATURE: _____ DATE: _____

PLEASE NOTE: Students should not bring cell phones, I-pods or any other valuables to their P.E. classes as we cannot supervise them nor are we responsible for them if they are stolen.