## 7th/8th Intramurals

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## http://adventuresinpe.weebly.com/

## **Course preview**:

## The middle school intramural program is an extension of the physical education instructional program, including the development of movement skills, health-related fitness, and personal and social responsibility. The program will provide students with a variety of interesting, diverse and challenging activities to accommodate different levels of need, skill, readiness, and interests. We will be playing a variety of sports and activities as individuals and teams. This will be a very active class and will require a lot of physical effort and participation on the part of the student.

**Class Expectations:**

* Listen quietly while the teacher is talking.
* Respect the equipment.
* The whistle means stop immediately, hold equipment quiet.
* Put equipment on the ground when the whistle is blown.
* Follow directions the first time
* Keep hands off other students.
* Be aware of others at all times and in control of your body.
* Do not interfere with the play or practice of others.
* Always show good sportsmanship.
* Athletic shoes must be worn to class every day.
* Appropriate dress. (clothes that will allow movement)

**Course Grading**

Students will be graded on:

\*Responsibility, Respect, Participation.  **PRIDE points**. *Positivity, Respect, Integrity, Diversity* (Welcoming everyone on your team, no matter ability), *Engagement* 10 pts (2 points appropriate shoes, 3 points for respect towards peers, teachers, equipment, hallway transitions, 5 points for participation including warm-ups and stretching)

\*Projects, journals.

**Make-up work:**

\*Any student with an absence from school will be required to do a make-up sheet at home. It is due within one week.

\*Any student at school who is unable to participate will do an in-class worksheet or research paper depending on the number of days unable to participate.

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

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

Medical Information that I need to be aware of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_