**PHYSICAL EDUCATION 9**

Mr. Maundrell

**Overview:**

The aim of this course is to provide a high quality Physical Education program that will give you the skills necessary to **get active and stay active**. During this course you will learn basic movement skills, game tactics and effective active living strategies. Our goal is to not only improve your athletic performance but to give you the necessary tools to pursue a healthy, active lifestyle.

**We Expect You To:**

* + Arrive on time wearing an appropriate gym strip (will be discussed in class)
	+ Participate to the best of your ability.
	+ Have a positive attitude; respect your peers and teachers
	+ Assist in equipment set up and take down throughout the class
	+ Participate in a safe manner and abide by gym rules
	+ Leave any electronic gadgets in your locker
	+ Have fun!

**Health Issues:** If you are experiencing a health related issue that stops you from participating in class, you must bring a note signed by your parents explaining the situation. Extended periods of non-participation in class will require a doctor's note.

**The Fun Stuff!**

You will have the opportunity to participate in a variety of activities throughout this course. The following are examples of some activities we may experience.

|  |  |  |
| --- | --- | --- |
| **Fitness Training** | **Games** | **Rhythmic Movement** |
| * Yoga
* Circuit Training
 | * Jogging
* Weight Training
 | Basketball Floor HockeyVolleyball Team HandballField Hockey | Ultimate Softball RugbyLacrosse Soccer  | Dance |

*Note:* We won’t be able to participate in every activity listed above and may include activities that are not listed. There may be an opportunity for field trips but those will be discussed in class.

**How will you be graded?**

|  |  |  |
| --- | --- | --- |
| **60% Attitude & Participation** | **20% Skill & Performance** | **20% Written Work** |
| **Daily Participation Marks** See attached marking scale | This will be evaluated in a variety of ways. Some possibilities include: routine building, observing your game play, formal skill testing. |  Based on active health & fitness theory units |

**Contact Info**

Email: brodie.maundrell@sd23.bc.ca

**PHYSICAL EDUCATION 9**

Mr. Maundrell

**Participation & Attitude**

**10 Point Scale**

|  |  |
| --- | --- |
| 9/10(90% +) | * I arrived **early or on time** with proper PE strip
* I put in **maximum effort** during all activities
* I was **always** supportive and encouraging of my classmates
* I **always** treated my teacher and classmates with respect
* I helped set up and put away equipment
 |
| 8(80% +) | * I arrived **on time** with proper PE strip
* I put forth an **above average effort** during activities
* I was **almost always** supportive and encouraging of my classmates
* I treated my teacher and classmates with respect
* I helped set up and put away equipment
 |
| 6(60% +) | * I arrived **on time** with proper PE strip
* I put forth an **average effort** during activities
* I was **usually** supportive and encouraging of my classmates
* I treated my teacher and classmates with respect
 |
| 5(50% +) | * I arrived **late** **or** **without** proper PE strip
* I put forth a **below average effort** during activities
* I was **rarely** **supportive** and encouraging of my classmates
* I was **sometimes disrespectful** to my teacher and classmates
 |
|  1-4  | * I arrived **late and without** proper PE strip
* I put forth **little or no effort** during activities **not supportive** and encouraging of my classmates
* I was **disrespectful** to my teacher and classmates
 |

Field Trip Permission Form

Dear Parent / Guardian,

 The purpose of this letter is to make you aware of the various activities your child will be participating in during Physical Education this semester.

 We may be using walking, hiking and jogging off school grounds as part of our fitness program. Fieldtrips may include walking to Capital News Center (CNC) to access the indoor soccer fields as well as using the H20 facility & McCurdy Bowling Centre. An OPTIONAL fee of $20.00 for these course enhancing opportunities will be added to their online fees. Students will be able to meet course requirements without attending the field trips. If students decide to attend, the fee can be paid online through our school website.

Please include your printed name and signature on the bottom of the form on the opposite side of this letter. If you have any questions or concerns do not hesitate to contact your student’s teacher at the school at (250) 870- 5108 or by email.

Sincerely,

OKM P.E. Department

Ms. M. Faust

Mr. P. Thiessen

Mr. J. Enns

Mrs. K. Nault

Mr. B. Ford

Mr. G. Kafka

Mr. M. Ross

**Field Trip Permission Form**

**OKM PE Department**

**Details**

|  |  |  |
| --- | --- | --- |
| **School:** OKM Secondary | **School Phone:** 870-5108 | **Teacher Contact**:  |
| **Destination of Trip:** Various locations around Kelowna ie. Capital News Center, streets around OKM, McCurdy Bowl, H20 |
| **Description of Activities:** Travel via foot and district bus to various recreational facilities around Kelowna; hiking, jogging and biking fieldtrips on streets and paths around Kelowna |
| **Inherent Risks of Participation:**Injuries related to vehicle collisions while traveling to and from activity areas; becoming lost or separated from the class; injuries related to trips and falls; injuries related to bicycle crashes; injuries related to the demands of activity (ie. lack of cycling skill); injuries related to equipment malfunction; allergic reactions; injuries related to falling on ice; other risks associated with participation in the activity and environmentSTUDENTS MUST WEAR PARENT-APPROVED HELMETS FOR BIKING AND SKATING |
| **Group of Students:** OKM Physical Education Students |
| **Number of students:** 30-34 | **Number of Teacher Supervisors:** 1 |
| **Departure Date:** Various Dates | **Departure Time:** Various Blocks |
| **Return Date:** Various Dates | **Return Time:** Various Blocks |
| **Transportation:**School District Bus [ X ] Wheelchair Access [ ] Private Vehicle [ ]Rented Vehicle [ ] Commercial Carrier [ ] Foot / Bicycle [ X ]**Driven By:**District Driver [ X ] Authorized Adult [ X ] Commercial Driver [ ]Authorized Student Driver (No Passengers Allowed) [ ] Teacher [ ] |

**Parent/Guardian Consent**

I have read the description of activities, understand that there may be inherent risks associated with these activities and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field trips and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s BC Medical Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical concerns, allergies, medication requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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