



September 9, 2009

Dear Parent/Guardian:

The health of our students is a responsibility that our school and Physical Education/Health Education Department take very seriously. Taking part in physical education/health education and being physically active can have a positive impact on students' health and well-being. To this end, our department's goal is to empower your son/daughter to adopt an active healthy lifestyle by providing the tools he/she needs to succeed.

Grade 12 Active Healthy Lifestyles Course

The goal of this physical education/health education course is to have parents, students, and schools work together to help youth

- take greater ownership of their physical fitness
- promote the discovery of activities suited to their own individual interests
- encourage active healthy lifestyles that persist into their futures

As part of this course, your son/daughter will be involved in learning activities in the following core areas:

- fitness management
- social impact of sport
- mental-emotional health
- substance use and abuse prevention

Your son/daughter will also be required to plan, implement, and record his/her participation in the IN or OUT-of-class physical activity practicum for a minimum of 55 hours. The details are contained within the attached physical activity plan.

Based on the physical activities your son/daughter has chosen for the IN or OUT-of-class component of this course, safety guidelines have been provided, as part of the attached plan, to inform you and your son/daughter of the safety concerns and/or standards to consider when selecting and participating in the physical activities. The intent is not to restrict your son's/daughter's physical activity participation, but rather to assist in the process of identifying inherent or potential risks and recommending strategies/safest practices to manage these risks and to minimize the possibility of injury during participation.

Continued

The suggested risk-management strategies are considered minimum standards for physical activity in an organized or formal setting. However, some of these strategies may not apply to all situations (e.g., home-based, recreational, or modified physical activities). Many variables will need to be taken into consideration when determining what level of instruction or supervision is appropriate for your son's/daughter's participation in selected physical activities, as well as determining appropriate safety practices related to the facilities/environment, the equipment, and the clothing/footwear used for the activities. Examples of personal and other variables include level of risk, medical/physical condition, skill level, experience, accessibility, intensity, and type of pursuit (e.g., competitive/recreational, individual/group).

Your involvement is important!

Your son's/daughter's success in the Grade 12 Active Healthy Lifestyles course will require coordinated and supportive communication between you and your son/daughter as well as with me, as the teacher of this course. The first step is to review the attached physical activity plan with your son/daughter. Then, once you approve of the specified intentions, please sign the attached Parent Declaration and Consent Form. Your son/daughter also needs to sign the Student Declaration Form. Once these forms have been signed, the plan and forms are to be returned to me promptly.

Throughout the duration of the course I will be meeting at predetermined times with your son/daughter. The nature of these individual meetings will be to check on the progress of your son's/daughter's IN or OUT-of-class physical activity practicum as well as review his/her understanding of related topics discussed in class.

I encourage you to engage your son/daughter in conversation about his/her progress and to encourage him/her in pursuing personal physical activity goals and interests. If at any time you have questions/concerns, please feel free to contact me by phone at 326-3537 or by email at dpenner@schs.ca.

Actively yours,

Dewayne Penner

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50 PTH 12 N.

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Parent¹ Declaration:

- I understand that all the physical activities my child has chosen for the OUT-of-class component of this course have been accepted by the PE/HE teacher as indicated on my child's Personal Physical Activity Plan (attached).
- I understand that there is a risk of injury associated with all types of physical activity. I have reviewed the recommended safety guidelines² for the physical activities chosen by my child and have discussed them with my child.
- I understand that the recommended safety guidelines are believed to reflect best practice and are considered minimum standards for physical activity in an organized or formal setting. They may, however, not apply to all situations (e.g., home-based, recreational, or modified activities), and more stringent safety standards may be applied by instructors/coaches/program leaders of OUT-of-class physical activities in organized programs.
- I am aware that school staff will not inspect the facilities or equipment to be used by my child for the non-school-based physical activities³ he/she has chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that these facilities or equipment meet the recommended safety standards for the non-school-based physical activities he/she has chosen for this course. This may include investigating for evidence of general liability coverage.
- I am aware that the school staff will not be present or in any way involved in supervising my child while he/she participates in the non-school-based physical activities he/she has chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that while participating in non-school-based physical activities my child receives the appropriate level of instruction and/or supervision for his/her chosen activities. This may include investigating for evidence of general liability coverage and requirements for personnel to undergo criminal record and child abuse registry checks.

¹ The term "parent" refers to both parents and guardians and is used with the recognition that in some cases only one parent may be involved in a child's education.

² For most activities, the recommended safety guidelines may be obtained from the teacher of this course or viewed online at the following website: *(Insert division or school URL where guidelines may be found)*.

³ Non-school-based activities are home-, community-, or independently based activities that are not directly organized by the school or school division, such as community sports, classes and clubs, and exercising at home.

- I will encourage my child to abide by the recommended safety guidelines for the physical activities he/she has chosen for the OUT-of-class component of this course, and to abide by any other more stringent safety standards imposed by his/her instructors, coaches, or program leaders while he/she is participating in his/her chosen physical activities for the OUT-of-class component of this course. This is to ensure, to the extent reasonably possible, that no one is injured and no property is damaged or lost as a result of my child's participation in the OUT-of-class component of this course.
- I understand that I will be responsible for paying for any and all fees that may result from my child's participation in physical activities for the OUT-of-class component of this course.
- I understand that if my child wants to choose other physical activities for inclusion in the OUT-of-class component of this course, and these activities are not part of the attached Personal Physical Activity Plan, prior to participation my child must
 - have these new physical activities accepted by the PE/HE teacher
 - obtain the recommended safety guidelines for these new physical activities, and
 - receive my consent to participate in the new physical activities

Parent Consent:

- Having considered my child's mental and physical condition, and the risks and suitability to him/her of the physical activities he/she has chosen for the OUT-of-class component of this course, I consent to my child participating in his/her chosen physical activities.

I have read, understand, and agree with the above statements.

Parent Signature (if student is under 18 years of age)

Date



Student Declaration:

- I am aware of the recommended safety guidelines for the physical activities that I have chosen for the OUT-of-class component of this course.
- While participating, I will abide by the recommended safety guidelines that are appropriate to the nature of the activity (e.g., recreation versus competition). When applicable, I will also abide by any other more stringent safety standards imposed by my instructors, coaches, or program leaders.
- I will ensure, to the extent reasonably possible, that no one is injured and no property is damaged or lost as a result of my participation in my chosen physical activities for the OUT-of-class component of this course.
- I understand that if I want to choose other physical activities that are not part of the attached Personal Physical Activity Plan for inclusion in the OUT-of-class component of this course, prior to participation, I must
 - have these new physical activities accepted by the PE/HE teacher
 - obtain the recommended safety guidelines for these new physical activities, and
 - receive my parent's consent to participate in these new physical activities

I have read, understand, and agree with the above statements:

_____	_____	_____
Student's Legal Last Name	First Name	Middle Initial
_____		_____
Student Signature (if student is under 18 years of age)		Date