

**LEGACYMIDDLE SCHOOL**  
**Wellness Participation Agreement Form**  
**2019-2020**

**Student's FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**Coach:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Period:** \_\_\_\_\_

**Dear Parent/Guardian:**

The following information is needed by the Wellness department in order to plan a program with the needs of each individual in mind. It is very important that we become aware of any problem or medical/learning condition that would impact your child's educational experience. Please complete this form and **Return To Your Child's PE/Wellness Teacher.**

**GENERAL INFORMATION**

Name student wishes to be called by teacher: \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Parent's/Guardian's email \_\_\_\_\_

Something (not health related) I would like for teachers to know about my child is: \_\_\_\_\_

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

**PARTICIPATION**

Is your child able to participate in the regular physical activities of the Wellness program? \_\_\_\_\_

Does your child need a modified physical activities program due to a health condition? \_\_\_\_\_ **If so, please provide a doctor's note.**

**MEDICAL CONCERNS**

Are there any medical concerns that you would like the PE teacher to know about your child? (Previous surgeries, previous injuries? Which area of the body is/was affected? Etc.)

\_\_\_\_\_

Does your child take any medications? If so, for what? \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT**

**My child and I have read the information concerning Wellness/Physical Education classes at Legacy Middle School. We understand the policies, rules, consequences, responsibilities, and grading systems and agree to abide by these.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO YOUR CHILD'S PE/WELLNESS TEACHER**



WELLNESS DEPARTMENT

POLICIES AND PROCEDURES AGREEMENT

I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE LEGACY MIDDLE SCHOOL WELLNESS DEPARTMENT POLICIES AND PROCEDURES.

STUDENT PRINTED NAME: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I HAVE READ, UNDERSTAND, AND AGREE TO SUPPORT THE LEGACY MIDDLE SCHOOL WELLNESS DEPARTMENT POLICIES AND PROCEDURES.

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

**PARENT/GUARDIAN-CONTACT #1**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE #1: \_\_\_\_\_  
(DURING SCHOOL HOURS)

PHONE #2: \_\_\_\_\_  
(AFTER SCHOOL HOURS)

EMAIL(S): \_\_\_\_\_

**PARENT/GUARDIAN-CONTACT #2**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE #1: \_\_\_\_\_  
(DURING SCHOOL HOURS)

PHONE #2: \_\_\_\_\_  
(AFTER SCHOOL HOURS)

EMAIL(S): \_\_\_\_\_