



Student Agreement and Parent Permission for GSMST Wellness Activities and Intramurals

Physicals are no longer required for most students to participate in Wellness Activities at GSMST. Students on a health plan or those that may have a pre-existing health condition that could impede physical activity are required to have a physical evaluation by a doctor and turned in to Mrs. Kristi Rhine. The physical form is found on the GSMST website or in Mrs. Rhine's classroom. This agreement/permission form is required for ALL students who want to participate in any wellness activity provided throughout the 2022-23 school year (class versus class, Wellness Fridays, Dodgeball Tournament, 5K, Intramurals). Each activity will also have an online form that must be completed to participate. This form needs to be turned in directly to Mrs. Rhine in room 2.121 before you can participate in any wellness or intramural activities.

Students:

I agree to listen closely to instructions and abide by the rules of each activity to reduce the risk of injury. This wellness and intramural time focuses on fun and involvement for as many students as possible. I agree to display a positive attitude and sportsmanship during any of the activities chosen. I also agree to show respect to the adults supervising the activities and other students participating. I understand this time is provided to enhance my health and wellness and is strictly voluntary and I will lose the privilege to participate in any GSMST wellness activity if I do not adhere to the guidelines.

Student Name (print clearly): _____ **Grade:** _____

Student Signature: _____ **Date:** _____

Parents:

I understand participation in wellness and/or activities are supervised by GSMST faculty. I give permission for my child to participate in wellness and/or intramural activities knowing there may be a risk of injury during physical activity and games. I understand that GSMST does not assume responsibility/liability for any injuries that may occur. I am aware that my student will have a choice of many different activities, all activities are voluntary, and provided to enhance health and wellness. I also understand that my student will need transportation from school no later than 4:30 PM on the dates activities are provided.

Please initial the one that applies for your student:

____ My child does not require a physical. He/she is not on a health plan and does not have a pre-existing health condition that would impede him/her from participating in physical activity.

____ My child will turn in a physical form for physician's clearance for physical activity.

Parent Name (please print): _____

Parent Signature: _____ **Date:** _____

Parent Emergency Phone Number: _____