

**Team Sports I Syllabus**

1. **Units**

Volleyball Basketball Team Handball Soccer

Racquet Sports Football Softball Tennis Kickball

* Offensive & Defensive positions/strategies
* Officiating, coaching, and statistics
* Students will be expected to take ownership of the tournaments by fulfilling roles.
  + Coach, Captain, Equipment Manager, Stats Keeper, Referee

1. **Team Sports Semester Grade**

* 1ST Quarter (40%)
* 2ND Quarter (40%)
* Final Exam (20%)

1. **Grade Breakdown for Team Sports**
   * **Major Assessments (Student Engagement) – 80% (Dress out, Team Responsibilities, Participation)**
   * **Minor Assessments – 20%**
2. **Assessments**

* Fitness Test- Mile run, Push-ups, Sit-ups
* Peer Instruction
* Literacy assignment
* Sport League Development Project

1. **Daily Participation Grade**

Students will have the opportunity to EARN 20pts daily for student engagement.

* 1 point- white, gray, or PC shirt
* 1 point- dark blue, black, PC shorts or athletic pants
* 1 point- athletic shoes (NO SKATE SHOES)
* 2 points- respect/ sportsmanship
  + 1 point – squad spot
  + 4 points- warm-up
  + 10 points – Skill/Activity/Gameplay

Students who chose not to dress out for class will be given a literacy assignment to complete. This assignment provides an opportunity to earn up to 10 points.

1. **SMART Lunch**

* During SMART lunch students will have an opportunity to participate in Team Sport activities and Weight Training.

1. **Communication**
   * Students are expected to frequently check Canvas. This is where they will find the syllabus, assessments and review materials.
   * Students/ Parents will be given a hard copy of interims if they do not have home access to PowerSchools
   * Grades will be updated in POWERSCHOOL weekly
2. **Absences**
   * Students who have absences will have an opportunity to make up missed participation/ assessment grades by attending SMART lunch (1 Smart Lunch is equal to 1 absence)
   * Absences must be made up within **10 school days after the missed class.**
3. **Medical / Injury**
   * If a student cannot participate due to a medical reason a **doctor’s note** is required.
   * Injured students will be given alternate assignments to earn points in the class.
4. **Policies**
   * Students are expected to wear appropriate clothing according to WCPSS policy
   * Students will not be allowed to have food and beverages in the gym.
   * Cell phone policy will be enforced according to the Panther Creek and the WCPSS policy.
   * Students leaving the class without permission and a pass will follow school policy on consequences.
   * All students are expected to behave in a manner that ensures a safe environment for others.

**Team Sports I Syllabus**

I have read and understand the expectations, and policies…

Student Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**MEDICAL INFORMATION NOTICE**

***Parents, to assure accuracy, please fill out the medical information.***

**Parent / Guardian**

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact**:

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

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have asthma? Yes or No

Does your child have an allergic reaction to bee stings or other serious allergies? Please give details and specify.

Please list any other important health concerns for your child? (If necessary use back of sheet) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If your child has any current, major medical conditions, please attach a copy of a medical notice.