Boys Fitness
Course Syllabus

Each student’s grade will be determined from the following 3 areas:

Participation 70%  Attendance 20%  Test 10%

Tests – There will be one term. (Wed. Notes)
Attendance – Based on the SIS system
Participation – Participation will include:
  1. Five points possible each day
     a. No Dress = 1 point
     b. No work = 1 point
     c. Partial work = 2 to 4 points
     d. Absent = 0 points
     e. Tardy = 4 points
     f. Late = 3 points

Make-up – All make-up arranged through coach Bills (One hour of workout = One absence (5 points) w/ parent verification up to 3 each term)

Grading Scale

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>96% &amp; above</td>
<td>A</td>
</tr>
<tr>
<td>85% - 91%</td>
<td>B+</td>
</tr>
<tr>
<td>75% - 80%</td>
<td>B</td>
</tr>
<tr>
<td>65% - 70%</td>
<td>C</td>
</tr>
<tr>
<td>57% - 61%</td>
<td>D+</td>
</tr>
<tr>
<td>50% - 53%</td>
<td>D-</td>
</tr>
<tr>
<td>Below 50%</td>
<td>F</td>
</tr>
</tbody>
</table>

I understand the grading policy. Sign:__________________________________________
Print:_____________________________________

I, _____________________________, student/athlete of ________________________ High School, hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussions. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

________________________       __/__/____
Signature of Student/Athlete Date

I, _____________________________, parent/legal guardian of ____________________________, hereby acknowledge that I have read, understand, and agree to abide by Nebo School District’s Policy #JHG, Management of Concussions and Head Injuries, and give my consent to allow my student to participate in a “sporting event,” which includes any game, practice, tryout, physical education class, sports camp, competition, and activity sponsored by Nebo School District or in connection with the Utah High School Activities Association (UHSAA) for the 20___ - 20___ school year. I further acknowledge having received education about the signs, symptoms, and risks of sport-related concussions.

________________________       __/__/____
Signature of Parent/Legal Guardian Date

Policy #JHG, www.nebo.edu. Go to the “Information” tab and then click on the “Policies” section. The UHSAA Concussion Management Policy and related information can be accessed on UHSAA’s website at www.uhsaa.org