

BHS Wellness Education Department
After-School Physical
Activity Contract Date **(WE2000) Fall 2023**

Student's Name: _____

Telephone #: _____

Email address: _____

Counselor: _____

Dean: _____

Student ID #: _____

Year of Graduation: _____

Today's date: _____

After-school physical activity contracts will be considered for students, in grades 10-12, with **no availability in their schedule (blocks A-G) to take a wellness course during the entire school year.**

Approved programs for an *after-school physical activity contract* must be lifetime activities, **NOT offered at BHS**, and be instructional in nature. Students, competing in a sport, at a validated Junior Olympic / National level and have no room in their schedule (blocks A-G) during the entire school year, will also be considered. Requests must be made to the Curriculum Coordinator for Wellness Education, Carlyn Uyenoyama, prior to participation in the activity, **during the first 2 weeks of the semester.**

Name of your after-school physical activity OR Jr. Olympic / National level sport): _____

Student Responsibilities:

- I. Submit a letter on the organization's letterhead verifying: your enrollment in the program, name of physical activity OR Jr. Olympic / national competition sport, meeting days and times, and instructor's/trainer's name, signature, email, and phone number.
- II. Meet with the Interim BHS Coordinator for Wellness Education, Ms. Carlyn Uyenoyama, four times per semester. Bring your physical activity logbook (blue book) or your Google Spreadsheet to each meeting. The logbook will include dates of lessons/practices/performance attended, time engaged in lessons/practices/performance, a description of what was taught and learned during the activities, and the signature of the instructor/trainer. Total time required is 40 hours within semester dates. However, you must show evidence of active engagement, in the physical activity, for the entire semester.
- III. Complete **one** of the following: **(either A, B or C)**
 - a. Research four valid and credible articles relative to your physical activity. **Write a two-page summary and reflection of each article.** Submit each article with your summaries/reflections (1" margins, double-spaced, size 12 font, Times New Roman font).
 - b. Read all or portions of one of the following books and write a summary and reflection of each chapter. All summaries/reflections shall follow these guidelines: 1 inch margins, double-spaced, size 12 font, Times New Roman font.
 - *Spark* by John J. Ratey (entire book)-- **one-page summary / reflection per chapter**
 - *Brain Rules* by John Medina Chap. 1, (2 or 3), 4,7,8-- **two-page summary and reflection of each chapter**
 - *Minding the Body*, *Mending the Mind* by Joan Borysenko (Chap. 1-5)-- **two-page summary and reflection of each chapter**
 - c. Work with Ms. U to design a project related to wellness that includes research and readings of at least 6-8 articles, chapters from texts and/or a combination of both. Develop a media presentation that can be shared with wellness classes at BHS, the Brookline middle school wellness classes and/or Brookline Student-Athletes.
- IV. Submit a **two-page typed summary/reflection of what you accomplished, this semester, while participating in your physical activity OR Jr. Olympic / national competition sport** (1" margins, double-spaced, size 12 font, Times New Roman font).

Final grade (P or F) is contingent upon fulfillment of all contract responsibilities. Written work is due prior to the end of the semester.

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I am currently enrolled in _____ and would like that course dropped.

Meeting Dates: One meeting per month is required. The time for the meeting will be determined when you return your contract. Please honor designated dates and times. If necessary to reschedule, contact Mrs. Carlyn Uyenoyama ahead of time at 617.713.5291 or Carlyn_Uyenoyama@psbma.org).

Week of:

1st October 16th 2nd November 13th

3rd December 11th 4th January 15th

PARENT(S) / GUARDIAN(S): I give my son/daughter permission to contract for BHS Wellness Education credit. I release Brookline High School from the responsibility for any injuries to my child that may occur during the contracted physical activity. **This form must be returned within the first four weeks of the semester.**

Parent/Caregiver Signature

Date