

## RM 5–PA: Personal Physical Activity Plan

Name \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

Physical Activity		Frequency of Activity	Estimated Time (Hours and Minutes)	Risk Factor Rating (RFR)	Safety Checklists Included
<i>Examples</i>	Indoor Soccer	3 practices + 1 game per week	5 hrs. 30 min.	2	Yes
	Inline Skating	5 days—to and from school	3 hrs. 20 min.	2	Yes
Student Comments					
Teacher Comments					

\_\_\_\_\_ Teacher Signature

\_\_\_\_\_ Date

The teacher’s signature is an acknowledgement of the following:

- The student has met the criteria for formulating his or her personal physical activity plan.
- The student has demonstrated an understanding of how to manage risk and take appropriate steps to participate safely in physical activity.
- The student is aware of the safety guidelines information and associated responsibilities for discussion with and approval by his or her parent/guardian.