# RM 4–PA: Personal Physical Activity Plan

Name ___________________________  Date ______________ Class __________

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Frequency of Activity</th>
<th>Estimated Time (in Minutes)</th>
<th>Risk Factor Rating (RFR)</th>
<th>Safety Checklists Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor Soccer</td>
<td>3 practices + 1 game per week</td>
<td>2</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Inline Skating</td>
<td>5 days—to and from school</td>
<td>2</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Student Comments:**

**Teacher Comments:**

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**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.