Dear Parent/Guardian:

Please review this form and, upon agreement, provide your signature.

I _______________________________ parent/guardian of _____________________________

Name of Parent/Guardian          Name of Son/Daughter

do hereby certify and acknowledge the following:

- My son/daughter has participated in the physical activities as selected for his/her
  OUT-of-class physical activity practicum.
- My son/daughter has accurately recorded his/her participation in the selected physical
  activities for the OUT-of-class physical activity practicum.

_________________________________   _____________________________
Parent/Guardian Signature      Date

Student Sign-off

I ________________________________

Name of Student

certify that this record is an accurate account of my physical activity participation in the
OUT-of-class physical activity practicum.

__________________________________   ______________________________
Student Signature        Date

Date Received _____________________________________________________________________