RM 9-PA: Sample Sign-off Form for Completion of OUT-of-Class Physical Activity Practicum (Form for Authorized Adult)

Dear Authorized Adult: Please review this form and, upon agreement, provide your signature. I the authorized adult for			
		Name of Authorized Adult	Name of Student
		do hereby certify and acknowledge the following:	
 The above-named student has participated in the physical activities as selected for his/h OUT-of-class physical activity practicum. 			
 The above-named student has accurately record physical activities for the OUT-of-class physical 			
Authorized Adult Signature	Date		
Please indicate your relationship with this student	(e.g., parent, aunt, uncie, coach, instructor)		
Student Sign-off			
I Name of Student			
certify that this record is an accurate account of my OUT-of-class physical activity practicum.	physical activity participation in the		
Student Signature	Date		
Date Received			