

**RM 8-PA: Sample Sign-off Form for Completion of
OUT-of-Class Physical Activity Practicum
(Form for Parent/Guardian)**

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 _____

