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/ her OUT-of-class physical activity practicum.

▪ The above-named student has accurately recorded his/ her participation in the selected physical activities for the OUT-of-class physical activity practicum.

_________________________________   _____________________________
Authorized Adult Signature      Date

Please indicate your relationship with this student (e.g., parent, aunt, uncle, coach, instructor):
_________________________________________________________________________________

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 ____________________________________________________________________