## 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, prov	vide your signature.
I the authorize	d adult for
Name of Authorized Adult	Name of Student
do hereby certify and acknowledge the following:	
<ul> <li>The above-named student has participated in t OUT-of-class physical activity practicum.</li> </ul>	he physical activities as selected for his/her
<ul> <li>The above-named student has accurately recorphysical activities for the OUT-of-class physical</li> </ul>	1 1
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 OUT-of-class physical activity practicum.	physical activity participation in the
Student Signature	 Date
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