

## Pre-Sign Off Form

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 that my son/daughter will be:

- participating in physical activities as selected for his/her OUT-of-class physical activity practicum.
- accurately recording his/her participation in the selected activities for the OUT-of-class physical activity practicum.

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Student Sign-Off

I, \_\_\_\_\_ certify that I will accurately record my hours for my physical activity participation that I am involved in for the OUT-of-class physical activity practicum.

Student Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Date Received by Natalie Milligan \_\_\_\_\_