



**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 \_\_\_\_\_