



St. Boniface Diocesan High School

Sign-off Form for Completion of the Physical Activity Log

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 physical activity practicum.
- My son/daughter has accurately recorded his/her participation in the selected physical activities in his/her Physical Activity Log Book.

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 _____

