



FHS Pathways to Physical Education Documentation of Participation Form

Due to Guidance by May 31, 2024

Student Name: _____ Grade _____

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To be completed by student

Activity Description: _____

Total Number of Sessions: _____

Start Date: _____

End Date: _____

Approximate Time (minutes per session): _____

Total Hours allocated to Activity (must be greater than 30): _____

Name of Organization offering activity: _____

Organization Email: _____

Organization Telephone: _____

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I hereby certify that the above named student participated in and completed the activity as listed in the section above:

Signature of Advisor (Certifying Participation): _____

Name of Activity Instructor, Advisor or Coach (printed): _____