FHS Pathways to Physical Education
Documentation of Participation Form

Due to Guidance by June 1, 2021

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):_____