

Providence Christian School Alternate Sports Program

Monthly Verification Form

This form must be signed by the parent and coach or sponsor of the A.S. and turned in to the athletic office the first Thursday of each month.

Student name: _____ Month of: _____

Weekly Account of Planned Activity:

Week One: _____ # of hours: _____

Dates: _____

Week Two: _____ # of hours: _____

Dates: _____

Week Three: _____ # of hours: _____

Dates: _____

Week Four: _____ # of hours: _____

Dates: _____

Week Five: _____ # of hours: _____

Dates: _____

Inclement Weather: _____ # of hours: _____

(2 hours max per month)

Parent Signature: _____ Date: _____

Coach or Sponsor Signature: _____ Date: _____