

FITNESS MAKE-UPS

NAME _____

CHOICES:

Jog—2 miles	Fitness Equipment—30 minutes
Walk—2 miles	Bike—5-7 miles
Swim—30 minimum laps	Skate/Blade—1 hour
Aerobics—30 minutes	Other Activity Pre-Approved by Teacher

Date of Make-Up _____

Date of Absence _____

Teacher _____

Class Period _____

Fitness Activity Completed _____

Parent Signature

⇒ MAKE-UPS MUST BE COMPLETED AND TURNED IN WITHIN 2 WEEKS OF THE ABSENCE ⇐

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