

Livonia Public Schools

Personal Fitness Test Out Permission Form

Student Name: _____ Date: _____

By signing below, you are attesting to the fact that your child is able to participate in the Personal Fitness Test Out activities. Your child will be in the pool demonstrating endurance and swimming skills. They will also be subject to fitness testing, soccer, basketball, and volleyball skills. If your child is unable to participate in the skills section of the test, they are not eligible to test out of this class.

_____ My child has the following limitations but is able to participate in the skills portion:

_____ My child has no limitations

Parent Name: _____

Parent Signature: _____

Phone number where a parent can be reached in case of emergency _____

Students must bring this form with them to the test.