

HIGH SCHOOL PHYSICAL EDUCATION WAIVER

Activity Log

Student must document a minimum of 80 hours

Name: _____ Graduation Year: _____

School Based Athletics Verification:

Name of Sport/Activity: _____

Dates/Season: _____ Number of Hours: _____

Student Signature

Telephone

Date

Coach/Advisor

Telephone

Date

Community-Based Activity Verification:

Date	Hours	Description of Activity

Total Number of Hours: _____

Student Signature

Telephone

Date

Coach/Community Advisor

Telephone

Date