High School Physical Education Waiver

Activity Log

Student must document a minimum of 80 hours

Name: _____ Grad 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