

Non-School Sponsored Physical Activity Form

To be filled out by the student **and** signed by the instructor overseeing the described activity. The requirements are listed at the bottom of the page. PLEASE return this form to the Learning Village 5-8 Office at least two weeks prior to the beginning of the trimester.

Name _____

Advisor _____ Grade _____

Non-school Sponsored Physical Activity: (Please include the following information about your activity)

1. Name of activity

2. Location of activity

3. Number of days per week your activity meets

4. Length of time for each session of activity

5. Starting and ending dates (duration)

I verify the above described activity will meet the following requirements:

- 1. Meet for at least 3 sessions per week**
- 2. Meet for a minimum of 45 minutes per session**
- 3. Continue for at least two months in duration.**

Instructor Name (please print)

Email or phone number

Instructor Signature

Date