

## Individual Physical Fitness Plan

Student's Name: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Current 8<sup>th</sup> grade Health and Physical Education teacher: \_\_\_\_\_

<b>First Semester – Eighth Grade</b>	<b>Second Semester – Eighth Grade</b>
<p>I will participate in one of the following options. Please check one.</p> <p><b>Option 1</b></p> <p><input type="checkbox"/> <b>After-School Intramural Physical Fitness Activity/ School-Sponsored Athletic Team</b> Documentation: Intramural Coordinator/Coach provides verification.</p> <p><input type="checkbox"/> <b>Community Recreation Sports Activity (Please complete the reverse side of this form.)</b> Documentation: Parent provides the guidance office with the <i>Verification Form</i> that is signed by the coach/sponsor.</p> <p><input type="checkbox"/> <b>Outside Individual Physical Fitness Activity (Please complete the reverse side of this form.)</b> Documentation: Parent provides the guidance office with the <i>Verification Form</i> that is signed by the parent/coach.</p> <p><b>Option 2</b></p> <p><input type="checkbox"/> <b>Health and Physical Education Class</b></p>	<p>I will participate in one of the following options. Please check one.</p> <p><b>Option 1</b></p> <p><input type="checkbox"/> <b>After-School Intramural Physical Fitness Activity/ School-Sponsored Athletic Team</b> Documentation: Intramural Coordinator/Coach provides verification.</p> <p><input type="checkbox"/> <b>Community Recreation Sports Activity (Please complete the reverse side of this form.)</b> Documentation: Parent provides the guidance office with the <i>Verification Form</i> that is signed by the coach/sponsor.</p> <p><input type="checkbox"/> <b>Outside Individual Physical Fitness Activity (Please complete the reverse side of this form.)</b> Documentation: Parent provides the guidance office with the <i>Verification Form</i> that is signed by the parent/coach.</p> <p><b>Option 2</b></p> <p><input type="checkbox"/> <b>Health and Physical Education Class</b></p>

**This form must be returned to the Guidance Office by Monday, October 5, 2015.**

Parent/Guardian signature: \_\_\_\_\_

**Verification form for first semester activity is due Friday, January 9, 2016.  
Verification form for second semester activity is due Thursday, May 14, 2016.**

# Community Recreation Sports /Outside Individual Physical Activity Approval Form

## First Semester

Name of Activity \_\_\_\_\_

Please provide a brief description of your child's physical fitness plan including frequency and duration of the activity in the space below.

Approved     Not Approved    Date \_\_\_\_\_

Principal/Designee Signature \_\_\_\_\_

## Second Semester

Name of Activity \_\_\_\_\_

Please provide a brief description of your child's physical fitness plan including frequency and duration of the activity in the space below.

Approved     Not Approved    Date \_\_\_\_\_

Principal/Designee Signature \_\_\_\_\_

### Suggested recreation/individual activities are listed below:

- |        |            |            |              |              |                 |              |              |              |
|--------|------------|------------|--------------|--------------|-----------------|--------------|--------------|--------------|
| Ballet | Baseball   | Basketball | Cheerleading | Cross County | Dance           | Fencing      | Field Hockey | Football     |
| Golf   | Gymnastics | Hand Ball  | Ice Hockey   | Lacrosse     | Marching Band   | Martial Arts | Swim Club    | Running Club |
| Soccer | Softball   | Step Team  | Swimming     | Tennis       | Weight Training | Wrestling    | Volleyball   |              |