

Enver Creek Physical Education Department

Excused Absences

MAKE UP FORM (School & Community)

Student Name: _____ PE Teacher: _____ Period: _____
(please print full name)

If you participate in any of the activities listed below, complete all information on this page (other activities listed on back).

1. Type of Activity: (please check the applicable box ✓)

- In-school teacher supervised activities (i.e. weight room, open gym, etc.)
- In-school extracurricular activities (i.e. soccer, rugby, etc.)
- In-school Intramurals (i.e. hockey, volleyball, etc)
- Community sport teams or activities (football, kickboxing, etc.)

Activities above require Teacher/Coach/Sponsor's signature (in shaded box below)

2. Specific activity (e.g. soccer): _____

3. Address/location of activity: _____

4. Record date(s) of activity, participation time in activity and heart rate (beats per minute)

| Date(s) | Participation Time | Heart Rate (BPM) | Date(s) | Participation Time | Heart Rate (BPM) |
|---------|--------------------|------------------|---------|--------------------|------------------|
| 1. | | | 6. | | |
| 2. | | | 7. | | |
| 3. | | | 8. | | |
| 4. | | | 9. | | |
| 5. | | | 10. | | |

5. Hours Verification

To be completed by Teacher/Coach/Sponsor ONLY.

I hereby verify that the above named student has acquired _____ hours of physical activity under my supervision/sponsorship.

Teacher/Coach/Sponsor's Name: (print full name) _____

Teacher/Coach/Sponsor's Signature: _____

Telephone #: _____ Date: (month/day/year) _____

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Student Name: _____ PE Teacher: _____ Period: _____
(please print full name)

If you participate in any of the activities listed below, complete all information on this page (other activities listed on back).

1. Type of Activity: (please check the applicable box ✓)

- Classes at community/fitness centers (i.e. yoga, spin class, etc.)
- Activities at community/fitness centers (i.e. basketball, swimming, etc.)
- Recreation (i.e. snow boarding, skiing, etc.)

****Activities above require proof of activity (i.e. a dated receipt, ticket, etc.) stapled to the back of this form or a stamp in the chart below.**

2. State activity (e.g. yoga): _____

3. Address/location of activity: _____

4. Record date(s) of activity, participation time in activity and heart rate (beats per minute)

| Date(s) | Participation Time | Heart Rate (BPM) | Stamp (if applicable) |
|---------|--------------------|------------------|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |