

**Physical Education (Kinesiology) Physical Activity Participation Form**

Student #: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Grade/Class: \_\_\_\_\_ / \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**Signature of Instructor, Teacher, or Coach:** \_\_\_\_\_

Date of physical activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Total # of minutes: \_\_\_\_\_

Name of physical activity: \_\_\_\_\_

*\*Please complete the information for each section. Be as specific as possible. Students **MUST** complete the form for credit.*

**Warming-Up:**

**Stretching:**

**Skill-Builders:**

**Drills:**

**Activities:**

**Cool-Down:**

**\*What I learned during this physical activity?**

**\*What I would change or add for the next time?**