Name:_____ Date(s)out:_____ Block/Days:_____

Milford High School Physical Education

Team/Structured Activity Form

Name of Activity:_____ Date of Activity:_____

Time Activity Started:_____ Time Activity Ended:_____

Give a brief description of what was done and where it was done. Be sure to include different skills that were taught, drills or exercises that were completed, videos or programs that were used and/or locations.

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Coach/Instructor/Teacher Signature:_____Date:_____

Name:_____ Date(s)out:_____ Block/Days:_____

Milford High School Physical Education

Individual Activity Form

Name of Activity:_____ Date of Activity:_____

Time Activity Started:_____ Time Activity Ended:_____

Resting Heart Rate:_____/minute. Working Heart Rate:_____/minute.

Give a brief description of what was done and where it was done. Be sure to include exercises that were completed, videos or programs that were used and/or locations, and/or streets. Include distance covered, height/elevations climbed and/or specific weights used.

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Parent/Guardian Signature:_____Date:_____