Christian Institute of Arts & Sciences

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PHYSICAL FITNESS ACTIVITY RECORD

Student's Name: _____Grade: _____ 20_____-20____

DATE	HOUR: MIN	ACTIVITY PERFOMED
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Student's Signature _____ Date _____

I certify by my signature that the above hours were completed as recorded.

Coach/Supervisor's Signature _____ Date _____

(Required to validate grade report)

Grade: A+ ☐ A ☐ A- ☐ B+ ☐ B ☐ B- ☐ C+ ☐ C ☐ C- ☐ D ☐ F ☐

"I have no greater joy than to hear that my children walk in truth."

III John 4