Personal Physical Activity Plan

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_

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| Physical Activity | Frequency of Activity | Estimated Time (in Minutes) | Risk Factor Rating (RFR) | Safety Checklists Included |
| *Examples:*  | Indoor Soccer | 3 practices + 1 game per week |  | 2 |  |
|  | Inline Skating | 5 days—to and from school |  | 2 |  |
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| Student Comments: |
| Teacher Comments: |

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 Teacher Signature Date

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| The teacher’s signature is an acknowledgement of the following:* The student has met the criteria for formulating his or her personal physical activity plan.
* The student has demonstrated an understanding of how to manage risk and take appropriate steps to participate safely in physical activity.
* The student is aware of the safety guidelines information and associated responsibilities for discussion with and approval by his or her parent/guardian.
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