

**UNIVERSITY PLACE SCHOOL DISTRICT ATHLETICS/COMMUNITY ATHLETICS FOR PE CREDIT
ACTIVITY TIME LOG**

Student Name: _____

Check one of the following:

- I am participating in a school sport. Name of sport/team: _____
- I am participating on a community based sport. Name of sport/team: _____

Directions: Write the number of hours of participation in sport/team in the correct box below. The hours include practices and games/ matches, not travel time. The number of hours completed must be at least equivalent to successful completion of fall, winter, or spring district athletics season.

Month/Day	1	2	3	4	5	6	7	8	9	10	11	11	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Total number of hours: _____

I verify that the above hours are an accurate reflection of my participation time in the above sport/team.

Student Signature: _____ Date: _____

I verify that the above hours are an accurate reflection of the above student's participation time in the above sport/team and that the student has successfully completed 90% or more of the possible hours of the season.

Coach Name: _____ Coach Signature: _____ Date: _____