

Exercise Requirement

Student Name:

Grade/Advisor:

Date:

_____ (Name of Coach/Trainer/Parent) verifies that _____
(Student Name) has exercised at least three times a week for a minimum of twenty minutes during each session.

_____ (Student Name) has been consistent with this exercise for the
_____ (First or Second) half of _____ (Semester 1 or 2).

Briefly describe the type of exercise:

Student Signature: _____

Coach/Trainer/Parent Signature: _____

***REMINDER:** Updated documentation is required before Midterms of Semester 1 and 2, as well as before Finals of Semester 1 and 2 for tracking and grading purposes* **Due Dates:**
10/28/2024, 12/16/2024, 2/24/2025, 5/26/2025 *5/14/2025 for SENIORS*

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