

WELLNESS WAIVER ACTIVITY COMPLIANCE

Date Activity Completed _____

Student Name _____

Student Address _____

Student Phone _____ Current Grade in School _____

Counselor _____

Waiver Activity or Title _____

Sponsoring organization or institute _____

I certify that the above named student has satisfactorily completed the waiver activity as named above and that the student has participated a minimum of 60 hours.

Coach or Instructor

I confirm that I have successfully participated in and completed the above named waiver activity under the terms of the waiver procedure.

Student Name