



Week of:

Description of Activity:									Total
Outside Competition (3 hrs. each)									
Practice									
Strength & Conditioning									
Required Film Review									
Required Meeting w/ Coach									
Individual Required Workout									
Other On-Field/On-Court Activities									
Total Hours:									

Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

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Please sign and submit the form to the Compliance Office at the end of the each month. Any exceptions should be noted on an attachment.

I certify the hours recorded above are correct and are an accurate account of the Athletically Related Activities.

Head Coach: \_\_\_\_\_ Date: \_\_\_\_\_