



KITSILANO SECONDARY SCHOOL

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<http://go.vsb.bc.ca/schools/kitsilano/>

Confirmation of Daily Physical Activity

I confirm that _____ has completed _____ hours of **Moderate to Intense** physical activity (an average of 150 minutes per week).

The type of physical activity was: _____

The activity was completed on, or between the following dates: _____ - _____

Name of Teacher / Coach or Supervising adult: _____ (print clearly)

Contact Phone number(s) of supervisor: _____ or _____

Performance comments (optional): _____

Signature: _____

Date: _____