

**COMPETITIVE SPORTS**

Verification Form

NAME:

EMAIL:

PHONE #:

*\*Please fill out the section below that you completed for 2 wellness points. **DO NOT TURN THIS FORM IN UNLESS YOU ARE AUDITED IN JULY 2017.** 2 month period must be between July 1<sup>st</sup> 2016 and June 30, 2017*

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**Competitive Sports Exercise 2 month log** (Must exercise a minimum of 30 minutes, 3 x wk or equivalent)

Month 1			Month 2		
<i>Date</i>	<i>Type of Exercise (GAME/PRACTICE)</i>	<i>Minutes</i>	<i>Date</i>	<i>Type of Exercise (GAME/PRACTICE)</i>	<i>Minutes</i>

I, \_\_\_\_\_ confirm that the above information is correct