



# Christian Institute of Arts & Sciences

2007 North 61<sup>st</sup> Avenue \* Pensacola, FL 32506 \* Fax 850-458-5132 \* Phone 850-457-4058



## *Semester /Season Report for PHYSICAL FITNESS*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ 2013-2014

Athletic Sport Pursued \_\_\_\_\_

Coach Name \_\_\_\_\_

Team Sport Organization or School \_\_\_\_\_

Organized Group Fitness \_\_\_\_\_

Duration of Practices (Days/Times) \_\_\_\_\_

Competitions or Special Recognition \_\_\_\_\_

Summary of Progress & Achievement \_\_\_\_\_

Teacher/Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

Required to validate grade report

Semester Grade:  A  B  C  D

Semester: 1  2  Summer