

AEROBICS MAKEUP

Option #1
Attend a local gym or fitness center class
(Unlimited)

Name: _____ Period: _____

Date: _____ DATE OF ABSENCE: _____

Name of the gym: _____

Name of the teacher: _____

Type of class you took (i.e., step aerobics, boot camp, Zumba, cardio kick boxing, Latin Heat, Ripped etc...):

How long was the class: (Must be AT LEAST 45 minutes to receive credit: _____

What you learned during the class?: _____

Was this the first time that you attended this class? If yes, why did you choose to take this class? _____

Would you take this class again? Why/Why not?: _____

Instructor/Parent Signature: _____ Date: _____