IN-SEASON PRACTICE

SPORT: _____ WEEK OF: _____

Please fill out weekly and return to the Compliance Office by Wednesday of the following week. Indicate amount of time spent in each segment (ex. 45 minutes).

	Practice (Field, Floor or on-court activity)	Weight Training/ Conditioning	Supervised Meeting/ Video	Competition (Always 3 hours)	Mandatory/ Day Off	Total Time Per Day
Day: Monday Date:						
Day: Tuesday Date:						
Day: Wednesday Date:						
Day: Thursday Date:						
Day: Friday Date:						
Day: Saturday Date:						
Day: Sunday Date:						

I verify that I understand the NCAA Playing and Practice Season Legislation in Bylaw 17 and have identified all countable activities in the above chart.

WEEKLY TOTAL

_____ _____

Coach's Signature Date

☐ **No student-athletes participated in any countable athletically-related activities above the weekly total.**

☐ **Below see the list of student-athletes who participated in countable athletically-related activities above/different from the team's weekly total.**

Student-Athlete	Date	Activity/Time	Hrs/Week Different Than Above (e.g. +1hrs.)

EACH TEAM MEMBER IS TO INITIAL BESIDE HIS/HER NAME AS PER INSTRUCTIONS ON THE VERIFICATION SHEET