

Fitness Log



PRESENTING SPONSOR



Student Name: _____

Grade: _____

School: _____

Teacher/Coach Name: _____

Parent Signature _____

Date _____

Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Activity Type								
Minutes								
Fruits & vegetables								
Glasses of Water								
Hours of Sleep								

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Aerobic Activities walk run bicycle cross-country ski row
Cross Training Activities swimming in-line skating step trainers tae-bo

Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Activity Type								
Minutes								
Fruits & vegetables								
Glasses of Water								
Hours of Sleep								

Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Activity Type								
Minutes								
Fruits & vegetables								
Glasses of Water								
Hours of Sleep								

Anaerobic Activities hockey basketball soccer tennis
Strength Training push-ups pull-ups/chin-ups curl-ups free weights

Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Activity Type								
Minutes								
Fruits & vegetables								
Glasses of Water								
Hours of Sleep								