

Fitness Log

Student Name: _____

Grade: _____





School: _____

Teacher/Coach Name: _____





Parent Signature _____

Date _____





C-41105

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

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
								
								
								
								

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
								
								
								
								

Week of	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
