**Name:**

**Week of (dates):**

**Fitness Fun! Put a check mark in each day after completing the exercise and activity. Submit it at the end of the week**

**My Goal: Complete each exercise everyday**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sun.** | **Mon.** | **Tues.** | **Wed.** | **Thurs.** | **Fri.** | **Sat.** |
| **15 Jumping Jacks** |  |  |  |  |  |  |  |
| **15 Sit ups** |  |  |  |  |  |  |  |
| **15 Squats** |  |  |  |  |  |  |  |
| **15 Lunges** |  |  |  |  |  |  |  |
| **15 Push Ups** |  |  |  |  |  |  |  |
| **15 Toe Touches**  |  |  |  |  |  |  |  |
| **15 Leg Raises** |  |  |  |  |  |  |  |
| **15 Arm Circles**  |  |  |  |  |  |  |  |
| **15 Knee Raises**  |  |  |  |  |  |  |  |
| **Play Outside: 30 minutes**  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |