



## Fitness for Life Exercise Tracking Log

**Student Name** (Last Name, First): \_\_\_\_\_  
(print clearly)

**Fitness Goals:** (A minimum of three fitness goals, approved and reviewed quarterly by a faculty member, are required each school year.)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature (beginning of each quarter)

\_\_\_\_\_  
Quarter

**Monthly Exercise Tracking Log:** \_\_\_\_\_  
Month

Date	Activity	Minutes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

<b>11</b>		
<b>12</b>		
<b>13</b>		
<b>14</b>		
<b>14</b>		
<b>16</b>		
<b>17</b>		
<b>18</b>		
<b>19</b>		
<b>20</b>		
<b>21</b>		
<b>22</b>		
<b>23</b>		
<b>24</b>		
<b>25</b>		
<b>26</b>		
<b>27</b>		
<b>28</b>		
<b>29</b>		
<b>30</b>		
<b>31</b>		

*We verify that the information given above is complete and accurate.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

This form must be completed monthly, signed and returned to Mr. Warren by the 1<sup>st</sup> Monday of the subsequent month.