



TRINITY OAKS
Christian Academy

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		

11		
12		
13		
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28		
29		
30		
31		

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 1st Monday of the subsequent month.