

Family Fitness Log Week 1

Student Name: _____

Student's Class: _____

Day of the Week	Type of Activity	Minutes	Did other family members participate? <u>Who?</u>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Add up your total weekly minutes. If your family member exercised with you, you can double the amount of minutes for that activity.

TOTAL NUMBER OF MINUTES : _____

Parent Signature: _____