

NAME: \_\_\_\_\_

MONTH: \_\_\_\_\_

### PERSONAL FITNESS WORKOUT LOG

Please record **each workout** you do, and the **length** of each workout in the appropriate column. This should match your PLAN!

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Do not mark in this column
WEEK 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CV- M- F-
WEEK 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CV- M- F-
WEEK 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CV- M- F-
WEEK 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CV- M- F-

COMMENTS & OBSERVATIONS:

\_\_\_\_\_

In signing, I certify that my child has completed the workouts indicated.

PARENT'S SIGNATURE: \_\_\_\_\_

For teacher's use only. Do not write here.			
Planned:	CV-	Actual:	CV -
	M-		M-
	F-		F-