

Park High School Personal Fitness Log

Week _____

Name: _____ **Hour:** _____

Course Name: GEN. PE TEAM SPORTS STRENGTH

<ul style="list-style-type: none"> • Submit each Friday by 3:30 pm • Complete at <u>least 40 minutes</u> of physical activity 5 days of the week 	<p><u>Use the F.I.T.T Formula for your physical activity</u></p> <ul style="list-style-type: none"> • <u>F</u>requency: (How Often) Record the day, ex: Monday • <u>I</u>ntensity: (How Hard) Circle Low/ Medium/High • <u>T</u>ime: (How long) How many minutes, ex: 30 min, 45 min • <u>T</u>ype: (What kind) Cardio, Muscular Strength/Endurance, Flexibility, Skill
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Date:	<u>8+ hrs of sleep</u> YES NO	<u>3-5 servings of fruits/vegetables</u> YES NO	<u>What activity did you do?</u>	Frequency: <u>What day of the week?</u> MONDAY	Intensity: LOW MED HIGH	Time: _____ min	Type: circle all that apply CARDIO MUSCULAR FLEXIBILITY SKILL
Date:	<u>8+ hrs of sleep</u> YES NO	<u>3-5 servings of fruits/vegetables</u> YES NO	<u>What activity did you do?</u>	Frequency: <u>What day of the week?</u> TUESDAY	Intensity: LOW MED HIGH	Time: _____ min	Type: circle all that apply CARDIO MUSCULAR FLEXIBILITY SKILL

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Date:	<u>8+ hrs of sleep</u> YES NO	<u>3-5 servings of fruits/vegetables</u> YES NO	<u>What activity did you do?</u>	Frequency: What day of the week? WEDNESDAY	Intensity: LOW MED HIGH	Time: _____ min	Type: circle all that apply CARDIO MUSCULAR FLEXIBILITY SKILL
Date:	<u>8+ hrs of sleep</u> YES NO	<u>3-5 servings of fruits/vegetables</u> YES NO	<u>What activity did you do?</u>	Frequency: What day of the week? THURSDAY	Intensity: LOW MED HIGH	Time: _____ min	Type: circle all that apply CARDIO MUSCULAR FLEXIBILITY SKILL
Date:	<u>8+ hrs of sleep</u> YES NO	<u>3-5 servings of fruits/vegetables</u> YES NO	<u>What activity did you do?</u>	Frequency: What day of the week? FRIDAY	Intensity: LOW MED HIGH	Time: _____ min	Type: circle all that apply CARDIO MUSCULAR FLEXIBILITY SKILL