September 2017

Monthly Activity Calendars are optional for students to complete but highly encouraged! This is a great opportunity to participate with your son/daughter and teach them the importance of health and fitness!

After they complete the 10 steps they will put their initials on that day. At the end of the month parents/guardians will sign this sheet confirming that they did actually participate in physical activity on the days initialed. This month is a flip a coin challenge. There are 10 steps and you flip your coin 10 times to see what exercise to perform. How many times will you flip heads vs. tails?

|  |  |  |  |
| --- | --- | --- | --- |
| **(#) of coin flips**:  | **Heads**  | or | **Tails**  |
| 1 |  10 Squat Jumps |  20 Calf Raises |
| 2 | 60 second Jog in Place | 25 Jumping Jacks |
| 3 |  8 Push-Ups |  12 Push Ups on Knees |
| 4 | 30 second High Knees  | 30 second Heel Flicks |
| 5 | Cruches  | Sit-Ups |
| 6 | Toe Touches  | Squats |
| 7 | 15 Lunges  | 60 second jog in place |
| 8 | 10 Windmills  | 10 Cross Crawls |
| 9 | Skips for Height | Skips for Distance |
| 10 | 15 Laying Leg Lifts | 10 of exercise of your choice!  |

15-25 days completed = 1 ticket

26-30 days completed = 2 tickets

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_