

ACTIVITY TRACKER



Attention Kids!

Complete at least one 15-minute activity per day to earn your *Stay Active! Summer Challenge* t-shirt. Check the activities you complete each day.

Student First and Last Name: _____

Parent/Guardian First and Last Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Email Address: _____

ACTIVITY TYPE		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Sports such as soccer, basketball, baseball/softball, swimming, tennis	S										
	M										
	T										
	W										
	T										
	F										
Running, hiking, walking, marching, galloping, skipping	S										
	M										
	T										
	W										
	T										
	F										
Exercises such as jumping jacks, sit ups, push ups, squats, lunges, bicep curls	S										
	M										
	T										
	W										
	T										
	F										
Creative movement such as dancing, yoga, stretching, spinning	S										
	M										
	T										
	W										
	T										
	F										
Drawing letters, numbers, and pictures in the air with your finger or foot	S										
	M										
	T										
	W										
	T										
	F										
Quick movements in place such as fast feet, high knees, hopping, jumping rope	S										
	M										
	T										
	W										
	T										
	F										

School Name: _____ City, State: _____

Student Mailing Address: _____

Shirt Size: Child S Child M Child L Child XL Adult XS Adult S Adult M Adult L