



# FITNESS LOG

Color in each section along the path to Raging Waves for each 30 minutes of exercise that you complete.

Please return your completed log to your teacher by Monday, April 10, 2017.

What types of exercise did you do?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Name \_\_\_\_\_