

NAME: _____

DESERT SKY PHYSICAL EDUCATION ACTIVITY LOG

THIS FORM RECORDS YOUR AFTER SCHOOL ACTIVITIES FOR EACH WEEK. EACH WEEK YOU MUST DO AT LEAST 3 DAYS OF ACTIVITIES FOR 20 MINUTES OR LONGER. RECORD YOUR ACTIVITIES AND ON THE SPACES BELOW AND HAVE A PARENT OR GUARDIAN SIGN (THE FORM **MUST** BE SIGNED BY A PARENT OR GUARDIAN FOR CREDIT).

EXAMPLES OF ACCEPTED ACTIVITIES:

- WALKING/JOGGING/HIKING
- SPORTS (SOCCER, FOOTBALL, BASKETBALL, SOFTBALL, ETC.)
- SWIMMING
- MARTIAL ARTS
- ROLLERBLADING/BICYCLING/SKATEBOARDING

EXAMPLE

DATE: 1-19-08 ACTIVITY: WALKED DOG TIME: 20 MIN
DATE: 1/20/08 ACTIVITY: SWIMMING TIME: 60 MIN
DATE: 1-21-08 ACTIVITY: FOOTBALL PRACTICE TIME: 2 HOURS

FITNESS COMPONENT: CARDIOVASCULAR ENDURANCE

PARENT SIGNATURE: *Mrs. Mom or Mr. Dad*

WEEK 1

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 2

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 3

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 4

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 5

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 6

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 7

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 8

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____

WEEK 9

DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
DATE _____ ACTIVITY _____ TIME _____
FITNESS COMPONENT _____
PARENT SIGNATURE _____