My Fitness Tracking Chart

Name: _____

I will do my best to do at least **5 minutes** of **stretching** and **30 minutes** of **aerobic activity** each day.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
STRETCHES																					
SIDE NECK STRETCH																					
TRICEPS STRETCH																					
SHOULDER STRETCH																					
UPPER BACK STRETCH																					
CHEST STRETCH																					
LOW BACK STRETCH																					
GLUTE STRETCH																					
BUTTERFLY STRETCH																					
HAMSTRING STRETCH																					
STANDING QUADRICEPS																					
HIP FLEXOR STRETCH																					
CALF STRETCH																					
ACTIVITY																					