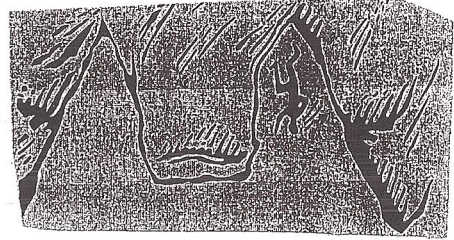


Name \_\_\_\_\_

Activity for Week of \_\_\_\_\_



# FITT GOAL SHEET



## Goals

Aerobic Activity	How Long (without rest)	Target Day and Time
		1.
		2.
		3.

## Activity Log

Frequency (Date)	Intensity (Target Heart Rate)	Time (How Long)	Type (Aerobic Activity)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Parent Signature \_\_\_\_\_ \*Required for credit

# FITT ACTIVITIES

The following aerobic activities may be used to complete the 3 student goals for the week. Aerobic activities are done at a steady pace for the full length of time listed. Several of these activities might be completed on aerobic fitness equipment at a fitness center. If you feel an activity that you participate in is not listed but should be (other), ask your teacher for approval.

Activity	Total Minutes
Bicycling	30
Aerobic Dance	20
Jogging	20
Jump-Rope (individual)	20
Skating (ice or roller)	30
Swimming (laps)	20
Walking Briskly	30
Cardio Machine	30
Trampoline Jumping	20
Skiing (cross-country)	30
Other (see teacher)	?

