SUPERFIT KIDZ

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Fun Intense Training

Week # _____ Daily Exercise Log

_____ Date: _____

Kidz Name

Day & Time	Exercise	Intensity (1 2 3 4 5)	Duration (minutes)

My goal is to exercise _____ times this week for _____minutes.

Each time at _____ level of intensity.

_____ _____ _____

Kidz Signature Parent/Guardian/teacher Signature Date

Goal Met? Yes _____ Almost _____ No _____

Instructor Comments: _____

_____

_____ _____

Instructor Signature Date

_____ _____

Child/Adolescent Signature Date Parent/Guardian Signature Date