

Fitness for Kids Challenge

First Name: _____

Last Name: _____

Age: _____

School: St. John the Baptist (Alden)

Get Started!

- First, make sure your parents have sent in your sign-up sheet.
- Check off which **5 1 0** goal you met.
- Go to www.fitnessforkidschallenge.com for new activity ideas.

Finished Trackers








• When complete: Return to Mrs. Rusin

- The more Trackers you turn in, the better chance you have to win cool prizes!

Need a New Tracker?

- Print one out at www.fitnessforkidschallenge.com or call (716) 635-4959

Fitness for Kids Tracker Check which **5 1 0** goals you did each day.

	<input type="checkbox"/> 5 or more servings of fruits and vegetables <input type="checkbox"/> 2 hours or less of computer/video games/TV	<input type="checkbox"/> 1 hour or more of physical activity <input type="checkbox"/> 0 sugary drinks like sports drinks and soda pop
	<input type="checkbox"/> 5 or more servings of fruits and vegetables <input type="checkbox"/> 2 hours or less of computer/video games/TV	<input type="checkbox"/> 1 hour or more of physical activity <input type="checkbox"/> 0 sugary drinks like sports drinks and soda pop
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