12 DAYS OF WELLNESS

Use the following page to mark progress for this month

1. One new healthy recipe
2. Two family game nights
3. Three liters of water (in one day)
4. Four walks outside
5. Five 1-minute planks (or wall sits)
6. Six acts of kindness
7. Seven early bedtimes
8. Eight self-care activities (you pick!)
9. Nine minutes of yoga
10. Ten journal entries
11. Eleven push-ups or jumping jacks
12. Twelve minutes of Tabata

Eggnog Smoothie

Ingredients:
- 1 cup plain yogurt
- 2 ripe bananas
- 1 tbsp coconut oil
- 2 tbsp maple syrup
- 1 tsp vanilla extract
- 1 pinch nutmeg

SCAN ME!

Yoga

Tabata
What games did you play?

Color in the boots for each walk you did

What are some acts of kindness you can do in your community?

What are your favorite self-care activities?

Counting caribou! Mark off a caribou for every time you fell asleep early this month.

Stay hydrated!
Every body needs different amounts of water. Try to make an effort to drink more water than usual this month.

How to do planks and wall sits

Counting caribou! Mark off a caribou for every time you fell asleep early this month

How to do push-ups and jumping jacks
Name ___________________________________________________________ Date of Birth __________________
Guardian’s name (If under 18): ________________________________________________________________
Your Community: _____________________________________________________________
Phone Number: __________________________ Address _______________________________________

Please Note, we will no longer be mailing out incentives for participants that live in Nome.

December’s special incentive: A CAMP t-shirt!

30 Day Wellness Challenge Rules
• Complete exercise/activity designated for each day of the month.
• You do not have to complete the exercises all at one time. For example: You can complete 15 mountain climbers in the morning of that day and 20 in the evening of that same day.
• Participants under 18 years old must get a parent or guardian to sign the calendar.
• Return completed calendar to CAMP by the 10th of the following month to receive a prize.

I understand and accept the element of risk of physical injury through participation in the 30 Day Wellness Challenges. I further understand there is no medical insurance provided by the Norton Sound Health Corporation or its employees, volunteers, and sponsors for this program. I will assume all risks and I am aware that I shall be responsible for any and all medical costs that may arise from injury through participation in this program as well as any other unforeseen costs that could arise. I release Norton Sound Health Corporation from any and all liability, loss, damage, costs, claims or causes of action including but not limited to property damage or bodily injuries that may arise from this activity.

Participant or Parent/Guardian Signature (if under 18 years old) __________________________________________________

Please return completed calendars to
NSHC CAMP office or email
wellness@nshcorp.org
Questions: Call 443-3365