
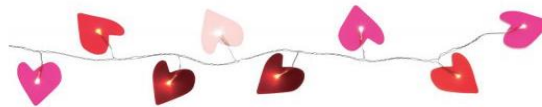


# February 2019



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
					Drink 8 glasses of water	30 jumping jacks 20 squats 10 pushups
3	4	5	6	7	8	9
5 burpees every other commercial today	Create a "To Do" list for Spring Cleaning	Include one green vegetable in your dinner	Go for a swim at the pool (443-5717)	Deep clean one room of your house	Use one less packet of sugar in your coffee or tea	30 mins of yoga
10	11	12	<i>World Radio Day 13</i>	<i>Valentine's Day 14</i>	15	16
10 lunges 10 sit-ups 10 toe touches	Go for a 30 minute walk	Do 3 sets of: 15 crunches 30 seconds plank	Listen to the radio for at least 30 minutes	Write a kind note to your valentine	Try a new food and share with your family	15 squats 15 knee hugs 15 tricep dips
17	<i>President's Day 18</i>	19	20	21	22	23
Find 5 things to be thankful for	Pre-portion the snacks for the week	Walk during your lunch break	30 Jumping Jacks 20 crunches 15 lounges	Volunteer in the school	15 squats 10 pushups	Cook soup or stew
24	25	26	27	28		
Walk outside for 30 minutes	Stretch for 10 minutes	30 mins cardio	Know Your Numbers Get your health screening at Kawerak between 830a-11a	Read food labels for less sodium		





Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian's name (If under 18): \_\_\_\_\_

Your Community: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address \_\_\_\_\_

### 30 Day Fitness Challenge Rules

1. Complete exercise/activity designated for each day of the month.
2. 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.
3. Participants under 18 years old must get a parent or guardian to sign the calendar.
4. Return completed calendar to CAMP to receive a prize.

I understand and accept the element of risk of physical injury through participation in the 30 Day Fitness 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.

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*(Participant or Parent/Guardian signature)*

*Date*



Please return completed calendars to  
NSHC CAMP office or email  
Kim Gray [kgray@nshcorp.org](mailto:kgray@nshcorp.org)  
Questions: Call 443-3365



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HEALTH CORPORATION**