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| February |  |
|  | 2020 |
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| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Look out for the location of the Heart Health Screenings for this month** | **1** |
| **Jump-start your heart healthy February by creating 2 fitness goals** |
| **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Write something you love about yourself** | **Do 3 sets of:** **20 jumping jacks** **10 sit-ups** **10 push-ups** | **Jump as high as you can 5 times or****jog in place for** **30 seconds****(do 3 sets)** | **Stretch your body for** **10 minutes before bed** | **Cut the sodium!****Cook a meal with half the amount or no salt**  | **Walk/Run 1 mile**  | **Start your day with a glass of water and 15 minutes of stretching.** |
| **9** | **10** | **11** | **12** | **13** | **Valentine’s Day 14** | **15** |
| **Go swimming at the Pool today.**  | **Power walk for 20 minutes** | **Eat fruits and veggies of multiple colors** | **Do 3 sets of:****25 jumping jacks** **15 sit-ups****10 push-ups** | **Write an encouraging letter to someone you love** | **Show your heart some love- eat a red fruit or veggie****\*Deliver your letter\*** | **Do some self-care****Try to get 6 to 8 hours of sleep** |
| **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| **Arm circles for 30 seconds****15 arm curls x2** | **Check out Zumba**  | **Take a walk around town for 30 mins**  | **Go to the Pool for lap swim.****How many laps did you get? .**  | **Eat some heart healthy salmon today** | **Grab a few friends and go to the Rec Center for some fun** | **Declutter and bring two boxes to the trash** **\*City Trash hours 11a-3p\*** |
| **23** | **24** | **25** | **26** | **27** | **28** | **29** |
| **Do 3 sets of:** **20 jumping jacks** **10 sit-ups** **10 push-ups** | **Walk to work or park at the farthest parking spot** | **Donate a box of food to the Nome Food Bank** | **Jump as high as you can 5 times or****jog in place for** **30 seconds****(do 3 sets)** | **Do as many as you can in one min** **Jumping jacks: \_\_\_****Sit-ups:\_\_\_****Push-ups:\_\_\_** | **Make half of your plate fruits and vegetables** | **Evaluate how your fitness goals went** |

**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.**

***(Participant or Parent/Guardian signature)*** ***Date***

**Please return completed calendars to**

**NSHC CAMP office or email**

**Kim Gray kgray@nshcorp.org**

**Questions: Call 443-3365**