

January 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Play a board game with family/friends	2 Start a Journal for 2019	3 Plan 2 goals to achieve this month	4 40 crunches 30-sec plank	5 Declutter 2 rooms today
6 Meal Prep Sunday, prepare 4 dinners	7 20 Jumping Jacks 10 sit-ups 10 squats	8 Get 10,000 steps today	9 Go swimming today *Law Enforcement Appreciation Day*	10 Drink 8 glasses of water	11 Snack on fruits and veggies today	12 30 mins cardio
13 Meal Prep Sunday, prepare 4 lunches	14 30 Jumping Jacks 20 crunches 15 lunges	15 Volunteer in a classroom or activity	16 30 mins cardio	17 Read for 30 mins	18 30 squats 20 crunches 30-sec plank	19 National Popcorn Day, so grab a movie and some popcorn
20 Spend an hour at the gym	21 Eat 3-5 servings of veggies today *National Hug Day*	22 25 sit-ups 30 flutter kicks 30-sec plank	23 Draw, paint or color for 30 mins	24 Get up and move every 55 mins for 5 mins	25 Complete 20 mins of yoga/stretching	26 15 sit-ups 30 crunches 20 squats
27 10 burpees 7 jackknife sit-ups 10 chair dips	28 Meatless Monday; have dinner with a protein alternative	29 Start a new puzzle today *National Puzzle Day*	30 20 high knees 30-sec plank 10 lunges 7 push-ups	31 Get 8 hours of sleep		

Stay Positive, Work Hard, and Make it Happen

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



**NORTON SOUND
HEALTH CORPORATION**

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