

July

2019

If you can dream it, you can do it.

- Walt Disney

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Go for a 30 min walk	2 Stretch for 10 minutes	3 Meditate for 15 minutes	4 Compete in 2 street games <i>Happy 4th of July</i>	5 Do 10 push ups X3 throughout the day	6 10 squats 20 jumping jacks 20 crunches
7 Ride your bike	8 Read a book	9 Find sea glass on the beach	10 15 Bicep curls x2	11 Jog for 30 mins	12 Bench bent over rows x2	13 Do 20 butt kicks
14 Try a new Lunch recipe	15 Go swimming w/Family or Friends	16 1-min challenge: Situps:_____ Jumping Jacks:___.	17 Skip rocks at the beach	18 Have 8 or more cups of water today	19 Do 30 sit ups	20 Plant a garden
21 Walk to the store	22 Start a new book	23 Go Fishing	24 Do 15 squats	25 Donate a box of canned/dried food items to the food bank	26 Walk/bike to work	27 Start a new hobby
28 Walk on the beach	29 Prepare dinners for the week	30 International Friendship Day, do a co-workout	31 Go for a hike	Simple Summer Snack: Wash and core an apple. Slice to make flat circles. Spread 1 tablespoon of peanut butter. Top with raisins, coconut flakes, or cheerios for a tasty snack!		

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**