



June

2018



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Reevaluate Health goals and set a new one	2 Declutter two rooms
3 Meal prep 3 dinners for this week	4 40 jumping jacks 10 push ups	5 40 high knees 30 sec plank	6 40 jumping jacks 15 push ups	7 40 high kicks 30 sec plank	8 20 burpees 20 squats	9 15 min jog 10 min stretch
10 30 Crunches 30 squats	11 30 lunges 10 push ups *Summertime Session 1 Starts*	12 30 squats 30 Crunches	13 Make someone laugh today!	14 30 lunges 15 push ups	15 35 crunches 30 sec plank	16 20 min jog 10 min stretch
17 12 push ups 15 Chair dips 25 bicep curls *Father's Day*	18 18 Chair dips 35 bicep curls	19 18 push ups 20 Chair dips 40 bicep curls	20 Read for 30 mins	21 20 push ups 22 Chair dips 45 bicep curls	22 24 Chair dips 50 bicep curls	23 Gold Dust Dash@ 9a at East Beach
24 Meal prep 3 dinners for this week	25 35 crunches 14 leg lifts 30 sec plank	26 40 crunches 16 leg lifts 35 sec plank	27 45 crunches 18 leg lifts 40 sec plank	28 50 crunches 20 leg lifts 45 sec plank *Last Day of Session 1*	29 55 crunches 22 leg lifts 50 sec plank	30 30 min jog 10 min stretch

"Never give up on a dream just because of the time it will take to accomplish it. The time will pass anyway." —My Fitness World

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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