



MARCH 2018



NATIONAL NUTRITION MONTH

SUN	MON	TUE	WED	THU	FRI	SAT
				01 Set a new goal this month	02 15 squats and 15 lunges	03 Go sledding <i>Start of Iditarod</i>
04 Listen to your favorite music	05 Jumping jacks for 2 minutes	06 Do something creative and artistic today	07 15 second plank and 25 crunches	08 Cook a healthy meal for your favorite lady <i>International Women's Day</i>	09 10 push ups and 10 tricep dips	10 Go bowling
11 Try a new healthy food	12 Medication Take Back Event at the Rec Center between 9a-6p	13 Get your Cholesterol & Fasting Blood Sugars tested at Rec Center from 830a-1130a	14 Watch a musher come in Screenings at Rec 830a-1130a	15 Get your flu shot at Rec between 9a-6p if you haven't already	16 Run with the Dogs Get 8 hours of sleep tonight	17 Turn in your Healthy Challenge for a water bottle <i>St. Patrick's Day</i>
18 Clean house today	19 20 second plank and 35 crunches	20 15 push ups and 15 tricep dips <i>1st Day of Spring</i>	21 Go swimming	22 Drink a glass of water at every meal <i>World Water Day</i>	23 Take your dog for a walk	24 Drink one less cup of coffee today
25 Go for a walk with a friend <i>Palm Sunday</i>	26 30 second wall sit and 35 lunges	27 Get your blood sugar checked <i>American Diabetes Alert Day</i>	28 25 high knees and 35 jumping jacks	29 Make a list of everything you are thankful for	30 Do something extra special for someone today <i>Good Friday</i>	31 Go to the Rec and play basketball



Name _____ Date of Birth _____

Guardian's name (If under 18) _____

Your Community: _____

Phone Number _____

Address _____

30 Day Fitness Challenge Rules

1. Complete exercise designated for each day of the month. You can choose Beginner or Intermediate exercises and/or intermix throughout 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 responsible adult to sign/initial on 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**