


MAY 2018 - MENTAL HEALTH AWARENESS MONTH

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
				1	Take a 30 minute walk today	2	Replace sugary beverages with water today	3	Do 20 lunges per leg	4	Spend 15 minutes stretching before bed	5	Sleep in 😊
6	Make a list of 20 things you are thankful for	7	Log off social media for the day.	8	Do 20 squats today	9	Take a long shower	10	Do arm circles - 90 seconds each way!	11	Connect with an old friend today	12	Spend an hour outside today
13	Make a list of 5 intentions for this upcoming week	14	Hug a mom for Mother's Day	15	Drink 64 ounces of water today	16	Run, jog, or walk a mile today	17	Do 30 squats today.	18	Eat breakfast today!	19	Spend time with people you love today
20	Read for 20 mins	21	30 mins of cardio today	22	Choose whole grain products today	23	Have one serving of fish today	24	Spend 10 minutes meditating	25	Do 30 lunges per leg	26	Try not to complain today
27	Write a letter or email to someone	28	Skip TV today	29	Pack fruits and veggies as snacks today	30	Try a new form of exercise today	31	Stretch for 20 minutes today				

“When we talk about health, we can’t just focus on heart health, or liver health, or brain health, and not whole health. You have to see the whole person and make use of the tools and resources that benefit minds and bodies together”. Visit <http://www.mentalhealthamerica.net/may> to learn more about Mental Health Month, Diet and Nutrition, Exercise, The Gut-Brain Connection, Sleep and Stress.

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**