

May 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Write down a goal for yourself this month	2 10 push ups 20 squats 45 second plank	3 Walk for 30 minutes	4 Star Wars Day Watch Star Wars with family and snack on veggies
5 Cinco de Mayo Put a slice of fruit in your water	6 Try a class at the Rec Center this week	7 20 jumping jacks 15 high kicks 10 squats	8 Park in the furthest parking spot	9 13 sit ups 30 lunges 17 push ups	10 Have vegetables with your lunch	11 Hop on each foot for 30 seconds
12 Mother's Day Take a walk outside	13 Stretch for 10 minutes when you wake up	14 Have a fruit with breakfast	15 30-sec plank x2 17 sit ups 36 lunges	16 Stand up after every 15 minutes of sitting	17 10 squats 10 crunches 25 jumping jacks	18 Declutter 2 rooms/spaces
19 15 seconds high-knees 15 seconds butt-kicks	20 Drink 8 glasses of water	21 Aim for 10,000 steps	22 30 mins of Yoga/Cardio	23 Walk during your lunch break	24 Workout at the Rec Center for at least 30 minutes	25 Snack on fruits today
26 Read a book or newspaper for 15 minutes	27 Memorial Day Attend the Nome Parade today!	28 Do squats when watching commercials on TV	29 Cook a meal with family or friends	30 Walk 30 minutes outside	31 World No Tobacco Day Brainstorm new goal(s) for the summer	

**"To give anything less than your best, is to sacrifice the gift."
-Steve Prefontaine**


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**