

November 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Start a gratitude journal for this month	2 10 push-ups 30 sec. wall sit
3 Daylight savings time ends. Set your clocks back 1 hour	4 20 flutter kicks 10 crunches +	5 Write a letter to someone you love	6 15 sit-ups 30 jumping jacks 10 squats	7 Incorporate a vegetable into every meal	8 20 sec. plank 10 bicep curls	9 Hang up and hang out. Go 1 hour without technology
10 Sunday Funday! Go swimming!	11 Veterans Day! Thank a veteran for their service	12 Take your dog for a walk or Go walk for 20 min.	13 Drink a glass of water before every meal	14 30 minutes of cardio	15 Complete a puzzle	16 Turkey Trot at Noon
17 Meal prep for 3 days (3 Breakfasts, 3 lunches or 3 dinners)	18 20 sec. side plank on each arm 10 squats	19 Go to bed 30 mins early tonight *CAMP Screenings at 8a-noon*	20 Run in place for 2 minutes 15 sit ups	21 Donate a box/bag of food to the Food Bank	22 Dance to your favorite music	23 Try a new recipe
24 Read a book, magazine or newspaper	25 5 burpees 30 jumping jacks 30-sec jump rope	26 Write a thank you note for someone	27 Make a sugar-free or low-sugar dessert	28 Happy Thanksgiving! Enjoy a meal with your family	29 Walk for 30 minutes	30 15 squats 30 sec. wall sit 10 crunches

There is always something to be thankful for!

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



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HEALTH CORPORATION