

September 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Better Breakfast Month		1 Create 2 goals for this month. 1-nutrition 1-physical	2 20 jumping jacks 10 lunges 30-sec plank Repeat 3x	3 Workout with a friend for 30 mins (Cardio)	4 Make a fresh fruit and protein smoothie for breakfast	5 Donate something you don't use anymore
6 Read for 30 mins (book, newspaper, magazine)	7 35 lunges 35 crunches 10 push ups *Labor Day*	8 Pack your lunch to work	9 Eat one cup of fruit and one cup of vegetables	10 *National Grandparents Day*	11 20 squats 20 jumping jacks 20 sit ups	12 Participate in the American Heart Association Virtual 5k Walk or do your own walk
13 Hold a plank for 45 seconds	14 Meal Prep Monday Prepare all your lunches for the week	15 15 burpees 15 mountain climbers 15 squats	16 Do 15 minutes of weight bearing exercise	17 Write down one thing you are grateful for	18 Try a new heart healthy recipe	19 National Dance Day*
20 Eat a vegetarian meal	21 30 mins of meditation or yoga *International Day of Peace*	22 Have a screen-free evening	23 Go for a 30-minute walk after dinner	24 20 knee raises 20 arm circles 20 chair squats	25 Facetime or call a family member or friend you haven't connected with in awhile	26 60 sec. jump rope 60 sec. mountain climbers 60 sec. high knees Repeat 2x
27 Declutter a space in your house	28 No phone one hour before bed	29 Drink just water today	30 Walk or run for 30 minutes			

Name _____ Date of Birth _____

Guardian's name (If under 18): _____

Your Community: _____

Phone Number: _____

Address: (to get jump rope) _____

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**