

Due Date: _____

Last Name: _____ **First Name:** _____ **Period:** _____

Roll Call #: _____ **Teacher:** _____

Sinaloa Physical Education Dept.
Fitness Log

Weekly Fitness Log: Students will maintain and complete a weekly Fitness Log, which is signed by a parent or guardian and turned into their PE teacher on the assigned due date.

Aerobic Requirement: You are required to complete three Aerobic Exercises on **three different** days during the week. Aerobic exercise must include the following:

- Uses large muscle groups
- Increases heart rate
- Non-stop for at least **20 minutes**

Week 1

Date	Aerobic Exercise	Time (min.)	Team/Organization (if applicable)

Week 2

Date	Aerobic Exercise	Time (min.)	Team/Organization (if applicable)

Week 3

Date	Aerobic Exercise	Time (min.)	Team/Organization (if applicable)

Parent Signature _____