








# WEEK #9 TRACKER

Name: \_\_\_\_\_ Team/School: \_\_\_\_\_

	April 27	April 28	April 29	April 30	May 1	May 2	May 3
Check off each day you are active in the boxes below. Any activity counts!							
<input checked="" type="checkbox"/>	<input type="checkbox"/> Training Tuesday	<input type="checkbox"/> Wellness Wednesday	<input type="checkbox"/> Turn It Up Thursday	<input type="checkbox"/> Feel Good Friday	<input type="checkbox"/> Strength Saturday	<input type="checkbox"/> Stride Sunday	<input type="checkbox"/> Mindfulness Monday
SONC Activity	<b>Let's get jumping</b> with today's workout! 	<b>Make a fruit salad!</b> What's your favorite ingredient? _____ 	See if you can complete the <b>jump rope ladder workout!</b> 	<b>Stretch and drink</b> a glass of water after each meal! 	<b>Get strong with Rock, Paper, Scissors!</b> 	Let's set a <b>personal record</b> today! 	<b>Yoga flow!</b> What was your favorite pose from today? _____ 
Did you do something different? Write it here.							
Did you Power Up by getting your Power 5?	Yes I did! <b>5</b> <input type="checkbox"/>	Yes I did! <b>5</b> <input type="checkbox"/>	Yes I did! <b>5</b> <input type="checkbox"/>	Yes I did! <b>5</b> <input type="checkbox"/>	Yes I did! <b>5</b> <input type="checkbox"/>	Yes I did! <b>5</b> <input type="checkbox"/>	Yes I did! <b>5</b> <input type="checkbox"/>

At the end of the week, share your tracker with your teacher/coach.