

Athlete Name: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Exercise Check box if you exercised today! Write in the number of minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes
Nutrition How many total fruits and vegetables?	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
Water How many bottles (16oz) of water did you drink?	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○

Fill in the star if you reached your Fit 5 goal this week:

Exercise ★ Nutrition ★ Water ★

Accountability Partner Signature: _____

Athlete Name: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Exercise Check box if you exercised today! Write in the number of minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes
Nutrition How many total fruits and vegetables?	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
Water How many bottles (16oz) of water did you drink?	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○

Fill in the star if you reached your Fit 5 goal this week:

Exercise 

Nutrition 

Water 

Accountability Partner Signature: _____