<u>Dear Parents/Students</u>; to encourage lifelong fitness we are asking each student to work on a cardiovascular activity three times a week for a minimum of 15 minutes. Please write down the date, type of activity and the time you spent on the activity. Parents, please sign in the far right column to verify that your child has completed their workout or comment on your child's program.

**CARDIOVASCULAR ENDURANCE (C.V.E.):** The ability of your heart, lungs and circulatory system to work effectively so you are able to exercise over longer periods of time.

PERSONAL ACTIVITY RECORD DUE DATES		
Spring	Due the week of Jan 8th–12th 2024	

## <u>Gr 3 - 5</u> <u>Personal Activity</u> <u>Record</u>

Name:	
Home Room:	
<u>Teachers Use Only</u> - Personal Activity Record Mark	Breakdown
Record own physical activity participation over a period of time for personal progress.	//
	/4
Comments:	

**** Record Activity During December ****						
<u>Date</u>	<u>Cardiovascular Endurance Activity</u> EG. BIKING, JOGGING, SKATING, SWIMMING	Time MINIMUM OF 15 MINUTES	Parent Signature/ Comment			
Dec 1st	Skip rope	25 minutes	TV A M DI TC			
Dec 3rd	Walked my dog	45 minutes	EXAMPLES			
Dec 6th	Swimming lessons	30 minutes				

GR. 3-5	Personal	Activity	Record
---------	----------	----------	--------

GR. 3-5 Personal Activity Record							
<u>Date</u>	<u>Cardiovascular Endurance Activity</u> EG. GYMNASTICS, DANCE, SOCCER	Time MINIMUM OF 15 MINUTES	Parent Signature/Comment				