Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period\_\_\_\_\_\_\_\_\_\_\_\_\_

WORKOUT

Use your first and last name to complete the workout.

|  |  |  |  |
| --- | --- | --- | --- |
| A | 25 Jumping Jacks | N | 20 Squat Punches |
| B | 20 Crunches | O | 10 Push-ups |
| C | 15 Squats | P | 15 Alternating Toe Touches |
| D | 10 Push-ups | Q | 20 sec. Single Leg Squats |
| E | 10 Burpees | R | 25 Lateral Arm Raises |
| F | 20 Arm Circles | S | 25 Alternating Elbow/Knee touches |
| G | 15 Squats | T | 30 sec. Superman |
| H | 20 sec. Single Leg Squats | U | 30 sec. Plank |
| I | 30 sec. Superman | V | 15 Alternating Toe Touches |
| J | 1 min run in place | W | 15 Shoulder Touches/Push-up position |
| K | 20 sec. Boat pose | X | 20 Arm Circles |
| L | 10 Squat Jumps | Y | 10 Burpees |
| M | 30 sec. plank | Z | 25 Jumping Jacks |

Number of exercises you completed\_\_\_\_\_\_\_\_\_\_. Time it took you to complete all exercises \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have completed the above exercises to the best of my ability. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (student signature)

My child has completed the above activities to the best of his ablility. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (parent signature)