Dear Parents/Students: 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.

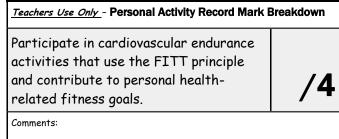
CARDIOVASCULAR ENDURANCE (C.V.E.): The ability of your heart, lungs and circulatory system to work effectively so you are able to exercise over longer periods of time.

PERSONAL ACTIVITY RECORD DUE DATES			
TERM 1			
TERM 2	April 20th - April 23rd 2015		

<u>Gr 5 - 6</u> <u>Personal Activity</u> <u>Record</u>

Name: _____

Home Room: _____



<u>Date</u>	Cardiovascular Endurance Activity EG. BIKING, ROLLERBLADING	<u>Time</u> MINIMUM OF 15 MINUTES	Parent Signature/ Comment

<u>Date</u>	Cardiovascular Endurance Activity EG. BIKING, ROLLERBLADING	<u>Time</u> MINIMUM OF 15 MINUTES	Parent Signature/Comment

GR. 5—6 Personal Activity Record