

# PE 10 SW: Personal Fitness Log

Name: \_\_\_\_\_

- Activity must be minimal moderate intensity level. Anything higher intensity then simply walking. Your heart rate must be increased during the activity.

Date (mm/dd)	Activity	Intensity level (High, Med)	Duration (Minutes)	Supervisor's Signature (parent/guardian/coach)

Total Minutes \_\_\_\_\_ / 60 = \_\_\_\_\_ Hours

**Verification Information:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: Mr. Brown Position: SW PE Teacher Signature: \_\_\_\_\_