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	**Nov 12th—Nov 16th 2007**
TERM 2	**Feb 18th—Feb 22 2008**
TERM 3	**April 28th—May 2nd 2008**

Gr 5 - 7 Personal Activity Record

Name: _____

Home Room: _____

Teachers Use Only - **Personal Activity Record Mark Breakdown**	
C.V.E. activity was performed 3x's per week.	/3
Activities matched C.V.E. fitness area.	/3
Duration/Time of activities was 15 minutes.	/3
Acquired parent signature comment.	/1
Total Score	/10
Comments:	

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

GR. 5—7 Personal Activity Record

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