



Summer Season *off the field* : Weekly Fitness Events Tracking

Athlete Name: _____

Week #: _____

	Exercise	Sunday Count/Time	Monday Count/Time	Tuesday Count/Time	Wednesday Count/Time	Thursday Count/Time	Friday Count/Time	Saturday Count/Time	My BEST Score from this week
1									
2									
3									
4									
5									
6									
7									

**Please practice each event at least 3 times per week to track your progress!
Be sure to circle your top score from each week. You do not have to do the exercises every day.**

When you complete your tracking pages, please send back to your coach.

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