

Weekly Exercise, Nutrition and Hydration Tracking

Athlete name: _____

DATE:	SUN	MON	TUES	WED	THURS	FRI	SAT
Exercise Check box if you exercised for 30 minutes today!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minutes _____	Minutes _____	Minutes _____	Minutes _____	Minutes _____	Minutes _____	Minutes _____
Nutrition How many fruits?	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
How many vegetables?	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
Water How many bottles (16oz) of water did you drink?	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○

Fill in the star if you reached your goal this week:

Exercise



Nutrition



Water

