NAME:_____

TRAINING HEART RATE:_____

CARDIO: FREQUENCY:

INTENSITY:

TIME:

	Year:	Mo./Day															
	Body Weight																
	Resting Heart Rate																
	Resting Blood Pressure																
	Exercise Heart Rate																
	Exercise Blood Pressure																
	Cool-Down Blood Pressure																
Bike	Distance																
	Duration																
	Total Calories																
Elliptical	Duration																
	Incline / Resistance																
	Total Calories																
Treadmill	Distance																
	Duration																
	Speed / Elevation																
	Total Calories																
Stairs	Duration																
	Flights																
	Total Calories																
Row	Duration																
	Distance																
	Total Calories																
Other																	
Daily Caloric Expenditure																	
Staff / Participant Discussion																	

NAME: _____

STRENGTH TRAINING

YEAR:															
		Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep
EXERCISE	**ADJUSTMENTS:**						**LEGS**								
							BACK								
							CHEST								
							SHOULDERS								
							ARMS								
							CORE/BALANCE								
							REACTIVE/SPEED/AGILITY								