



# The Active Lifestyle Activity Log



Participant Name: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Week 1	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 2	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 3	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 4	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 5	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

Week 6	Activities	# of Minutes or Pedometer Steps
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Participant Signature		Date

## Verification

I certify that I have met the requirements of the Presidential Active Lifestyle Award.

I have met my daily activity goal for at least 5 days each week.

I have performed my physical activities for at least 6 weeks.

Participant Signature: \_\_\_\_\_

Supervising Adult's Signature (if applicable): \_\_\_\_\_