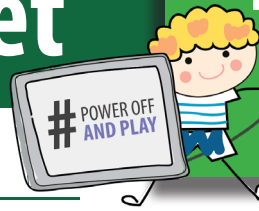


# Activity Log Sheet

# Power ff and Play!



Week of: \_\_\_\_\_

Family Member: \_\_\_\_\_

<b>Monday</b>	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours
<b>Tuesday</b>	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours
<b>Wednesday</b>	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours
<b>Thursday</b>	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours
<b>Friday</b>	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours
<b>Saturday</b>	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours
<b>Sunday</b>	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours	<input type="checkbox"/> I ran <input type="checkbox"/> I walked <input type="checkbox"/> I cycled ____ km <input type="checkbox"/> I ate vegetables and fruit <input type="checkbox"/> I watched/used no screens <input type="checkbox"/> I watched/used ____ min. less screens <input type="checkbox"/> I slept ____ hours

Family Main Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you already filled in and submitted the info below in a previous week?  Yes  No

If No, please complete the following:

**Family Member 1**

Name \_\_\_\_\_

Age:  Under 3    4-5    6-8    9-12    13-16    17-24  
 25-39    40-54    55-64    65+

**Family Member 2**

Name \_\_\_\_\_

Age:  Under 3    4-5    6-8    9-12    13-16    17-24  
 25-39    40-54    55-64    65+

**Family Member 2**

Name \_\_\_\_\_

Age:  Under 3    4-5    6-8    9-12    13-16    17-24  
 25-39    40-54    55-64    65+

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2. or to the Municipal Offices during business hours
3. or in the locked drop box on the exterior of the North Grenville Municipal Centre beside main entrance doors.

