



FUNCTIONALLYFIT

CHALLENGE

improve your mobility, stability and strength

Did you know that everyday activities require multiple muscle groups to work together in specific movement patterns? Optimize these movement patterns for better-quality balance, coordination and performance and lessen your likelihood for injury and acute pain.

FEBRUARY 11-MARCH 22

WEEK 1: Enroll in the challenge and complete a Functional Movement Screen. This seven-step screening provides a baseline for measuring progress.

WEEKS 2-6: Track your corrective exercises at least 4 times per week and check in to the facility at least 3 times per week.

TURN IN YOUR TRACKER BY **MARCH 29** TO EARN A PRIZE.



Cooper Fitness Center™
A COOPER AEROBICS COMPANY

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CHALLENGE



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NAME _____

EMAIL _____

Please turn in the completed tracking form to the Service Desk by March 29, 2019.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
WEEK 1 Enroll in the challenge and complete a functional fitness test.							
FUNCTIONAL MOVEMENT SCREEN Date _____ Time _____ FMS Score _____							
WEEK 2 Track your corrective exercises at least four times per week and check-in to the facility at least three times per week.							_____
<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	CORRECTIVE EXERCISES _____ CHECK-INS _____
WEEK 3 Track your corrective exercises at least four times per week and check-in to the facility at least three times per week.							_____
<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	CORRECTIVE EXERCISES _____ CHECK-INS _____
WEEK 4 Track your corrective exercises at least four times per week and check-in to the facility at least three times per week.							_____
<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	CORRECTIVE EXERCISES _____ CHECK-INS _____
WEEK 5 Track your corrective exercises at least four times per week and check-in to the facility at least three times per week.							_____
<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	CORRECTIVE EXERCISES _____ CHECK-INS _____
WEEK 6 Track your corrective exercises at least four times per week and check-in to the facility at least three times per week.							_____
<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	<input type="checkbox"/> CORRECTIVE EXERCISES <input type="checkbox"/> FACILITY CHECK-IN	CORRECTIVE EXERCISES _____ CHECK-INS _____
					TOTAL CORRECTIVE EXERCISES _____		TOTAL CHECK-INS _____