

# Health Behavior Contract

## Physical Activity

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Health goal:** I will participate in regular physical activity.

**Who can help?** \_\_\_\_\_

**What will I do?**

- Join a team
- Play active games with friends
- Walk or run with a family member

### My Calendar

(Record how you were active)

M                      T                      W                      Th                      F                      S                      S

**SIGNATURE:** \_\_\_\_\_

DISCLAIMER: The lesson plans and information therein are for general information only. For guidance on individual health issues and diagnosis and treatment of specific conditions, consult a physician or other health-care professional.

