

I "Gave It A Shot!" this summer!

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

PE Coach Signature: \_\_\_\_\_



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**LIVE UNITED**<sup>TM</sup>



Healthy Kids Team  
"Give It A Shot!"



Healthy Kids Team  
"Give It A Shot!"



A Summer Youth Program



Healthy Kids Team  
"Give It A Shot!"

Students,

## Give It A Shot!

That's all you have to do! On the next few pages are activities for you to do over the summer. Once you attempt or complete an activity, have your parent/guardian initial in the spaces provided. When school starts in the fall, have your PE Coach sign the booklet. Everyone's a winner with this program. You can even substitute activities if needed!

- Parents don't forget to check with a doctor before starting any exercise program.
- If your child is physically challenged, please substitute activities that they are able to attempt and (Give it a Shot)

**So get ready, get fit & Give It A Shot!**

**Get your body moving!**

**LIVE UNITED™**

## How did you do?



Please circle your answers

Did you have fun?            Yes    No

Did you learn anything?    Yes    No

Do you feel you                Yes    No  
"gave it a shot"  
& tried your best?

Would you do the              Yes    No  
program again?

Would you tell your         Yes    No  
friends about  
this program?

Please circle which face best describes how you liked this program.



## Moving & Grooving!



Describe the activities you did this summer:

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## Get your body moving!



Describe the activities you plan to do this summer:

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