



9KIDS Challenge 4-WEEK PROGRAM CHECKLIST

NAME: _____

DATES: __1/2__ to __1/26__

	1/2												1/26															
RESPONSIBILITY	WEEK #1				WEEK #2				WEEK #3				WEEK #4															
Foam - rolling				X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X
Rope AIS Stretching				X		X			X		X		X			X		X		X			X		X		X	
Prehab				X	X	X	X		X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X	
Core & Balance					X		X				X		X				X		X				X		X			
Plyometrics							X			X			X			X			X			X			X			
SAQ Training							X			X			X			X			X			X			X			
Strength / IST					X					X		X				X		X				X		X				
SET																												
MAX PWR																												
Cardio Activity				X		X			X		X		X		X		X		X		X		X		X			
Check-up							X						X						X						X			

Body-fat Analysis

DATE	BICEP	TRICEP	SUBSCAP	ILIAC	BF %	WEIGHT	LBM/FM

I. Heart Rate _____ bpm

II. Estimated Training Heart Rate Zones

Zone I: (HRMax x .40 - .65) _____ to _____ (HRMax x .65 - .75) _____ to _____

Zone II: (HRMax x .80 - .85) _____ to _____

Zone III: (HRMax x .86 - .90) _____ to _____

IV. BMI Score

Weight divided by height in inches: _____