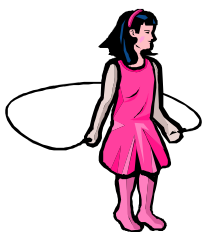


Please fill this out with your child.

What Does Your Child Do Now?

- Plays hard for _____ minutes a day.
- Drinks _____ glasses of water a day.
- Drinks _____ sodas a day.
- Eats _____ fruit(s) a day.
- Eats _____ vegetable(s) a day.
- Watches TV & plays video/computer games for _____ hour(s) a day.



What Can Your Child Do To Get More Energy?

I _____, am going to try to:

Child's Name

Choose at least one change to make:

- Play hard for _____ more minutes a day.
- Drink _____ more glass(es) of water a day.
- Drink _____ less soda(s) a day.
- Eat _____ more fruit(s) a day.
- Eat _____ more vegetable(s) a day.
- Watch _____ minutes less of TV a day.
- Play _____ minutes less of computer and video games a day.



Child's Signature: _____ Date: _____

By signing below I agree to work with my child to make these changes for the entire family.

Adult's Signature: _____ Date: _____