



## 4-WEEK PROGRAM CHECKLIST

NAME: \_\_\_\_\_

DATES: \_\_7/8\_\_ to \_\_8/4\_\_

	7/8												8/4													
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	x	x	x	x
Rope AIS Stretching																										
Static Stretching	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Program Warm-up			x		x		x		x		x		x		x		x		x		x		x		x	
Prehab			x		x		x		x		x		x		x		x		x		x		x		x	
Core & Balance			x		x		x		x		x		x		x		x		x		x		x		x	
Plyometrics																										
SAQ Training			x		x		x		x		x		x		x		x		x		x		x		x	
Strength Training			x		x		x		x		x		x		x		x		x		x		x		x	
Cool-Down			x		x		x		x		x		x		x		x		x		x		x		x	
Cardio Program		x			x	x		x		x		x	x		x		x		x	x		x		x		x