



4-WEEK PROGRAM CHECKLIST

NAME: _____

DATES: __8/5__ to __9/1__

	8/5														9/1																
RESPONSIBILITY	WEEK #9							WEEK #10							WEEK #11							WEEK #12									
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	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	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		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	x