

Healthy @ Home Offline Package

Hi there Special Olympics Ontario Athlete!

We hope you are staying safe, healthy and positive!

We know it has been tough not going to Special Olympics practices and seeing your teammates and coaches.

It is important to talk to people during this time, such as your coach and other teammates. One way you can do this is using the phone to call them.

It is also important to stay healthy and active. In this package, there are activities and worksheets that you can do at home.

This will help you stay healthy and active.

Please dial the Healthy @ Home hotline if you have questions: **1 888 333 5515 ext 300.**

If you call, make sure to leave your **name and number.** Someone will then call you back.

We are here to support you.

-The Special Olympics Ontario Healthy @ Home Team

DAY 1 <input type="checkbox"/> 15 tuck jumps <input type="checkbox"/> 20 crunches <input type="checkbox"/> 10 lunges <input type="checkbox"/> Repeat 3 times!	DAY 2 <input type="checkbox"/> 10 push-ups <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 20 squats <input type="checkbox"/> Repeat 3 times!	DAY 3 <input type="checkbox"/> 10 skater hops <input type="checkbox"/> 10 jump squats <input type="checkbox"/> 20 crunches <input type="checkbox"/> Repeat 3 times!	DAY 4 <input type="checkbox"/> 20 second plank <input type="checkbox"/> 10 push-ups <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> Repeat 3 times!	DAY 5 <input type="checkbox"/> 20 high knees <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 20 squats <input type="checkbox"/> Repeat 3 times!	DAY 6 <input type="checkbox"/> 10 burpees <input type="checkbox"/> 20 squats <input type="checkbox"/> 20 second plank <input type="checkbox"/> Repeat 3 times!	DAY 7 <input type="checkbox"/> 20 mountain climbers <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 10 push-ups <input type="checkbox"/> Repeat 3 times!
DAY 8 <input type="checkbox"/> 10 skater hops <input type="checkbox"/> 10 jump squats <input type="checkbox"/> 20 crunches <input type="checkbox"/> Repeat 3 times!	DAY 9 <input type="checkbox"/> 20 second plank <input type="checkbox"/> 10 push-ups <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> Repeat 3 times!	DAY 10 <input type="checkbox"/> 20 high knees <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 20 squats <input type="checkbox"/> Repeat 3 times!	DAY 11 <input type="checkbox"/> 10 burpees <input type="checkbox"/> 20 squats <input type="checkbox"/> 20 second plank <input type="checkbox"/> Repeat 3 times!	DAY 12 <input type="checkbox"/> 20 mountain climbers <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 10 push-ups <input type="checkbox"/> Repeat 3 times!	DAY 13 <input type="checkbox"/> 20 donkey kicks <input type="checkbox"/> 20 squat jumps <input type="checkbox"/> 20 second plank <input type="checkbox"/> Repeat 3 times!	DAY 14 <input type="checkbox"/> Rest Day! <input type="checkbox"/> Do some stretches and go for a walk!
DAY 15 <input type="checkbox"/> 20 second wall sit <input type="checkbox"/> 10 jump squats <input type="checkbox"/> 20 crunches <input type="checkbox"/> Repeat 3 times!	DAY 16 <input type="checkbox"/> 20 calf raises <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 20 second plank <input type="checkbox"/> Repeat 3 times!	DAY 17 <input type="checkbox"/> 30 second jog on the spot <input type="checkbox"/> 20 leg lifts <input type="checkbox"/> 10 lunges <input type="checkbox"/> Repeat 3 times!	DAY 18 <input type="checkbox"/> 20 bicycle crunches <input type="checkbox"/> 20 side leg raises <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> Repeat 3 times!	DAY 19 <input type="checkbox"/> 20 second wall sit <input type="checkbox"/> 20 squat jumps <input type="checkbox"/> 20 crunches <input type="checkbox"/> Repeat 3 times!	DAY 20 <input type="checkbox"/> 20 second squat hold <input type="checkbox"/> 10 lunges <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> Repeat 3 times!	DAY 21 <input type="checkbox"/> Rest Day! <input type="checkbox"/> Do some stretches and go for a walk!
DAY 22 <input type="checkbox"/> 10 second side plank <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 20 donkey kicks <input type="checkbox"/> Repeat 3 times!	DAY 23 <input type="checkbox"/> 20 squats <input type="checkbox"/> 10 burpees <input type="checkbox"/> 10 push-ups <input type="checkbox"/> Repeat 3 times!	DAY 24 <input type="checkbox"/> 30 second jog on the spot <input type="checkbox"/> 20 high knees <input type="checkbox"/> 20 crunches <input type="checkbox"/> Repeat 3 times!	DAY 25 <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 20 second plank <input type="checkbox"/> 10 plunges <input type="checkbox"/> Repeat 3 times!	DAY 26 <input type="checkbox"/> 20 second wall sit <input type="checkbox"/> 20 squat jumps <input type="checkbox"/> 10 push-ups <input type="checkbox"/> Repeat 3 times!	DAY 27 <input type="checkbox"/> 20 donkey kicks <input type="checkbox"/> 20 squats <input type="checkbox"/> 20 crunches <input type="checkbox"/> Repeat 3 times!	DAY 28 <input type="checkbox"/> Rest Day! <input type="checkbox"/> Do some stretches and go for a walk!
DAY 29 <input type="checkbox"/> 10 burpees <input type="checkbox"/> 20 bicycle crunches <input type="checkbox"/> 20 high knees <input type="checkbox"/> Repeat 3 times!	DAY 30 <input type="checkbox"/> 30 second jog on the spot <input type="checkbox"/> 20 squats <input type="checkbox"/> 10 push-ups <input type="checkbox"/> Repeat 3 times!	DAY 31 <input type="checkbox"/> 20 jumping jacks <input type="checkbox"/> 20 second plank <input type="checkbox"/> 20 donkey kicks <input type="checkbox"/> Repeat 3 times!				



EXERCISE CALENDAR

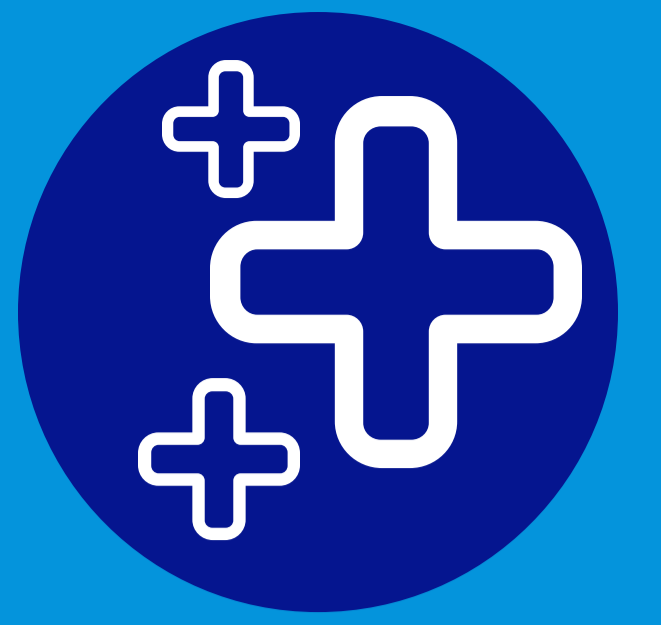
Share how YOU are staying healthy!
#SOHealthyAtHome

For more resources and tools to help you stay Healthy @ Home, visit: SOHealthyAtHome.ca



Healthy @ Home

Tips to help you Stay Positive



DURING COVID-19



STAY ACTIVE

Exercise, clean, dance, walk or stretch – move your body for at least 30 minutes every day.



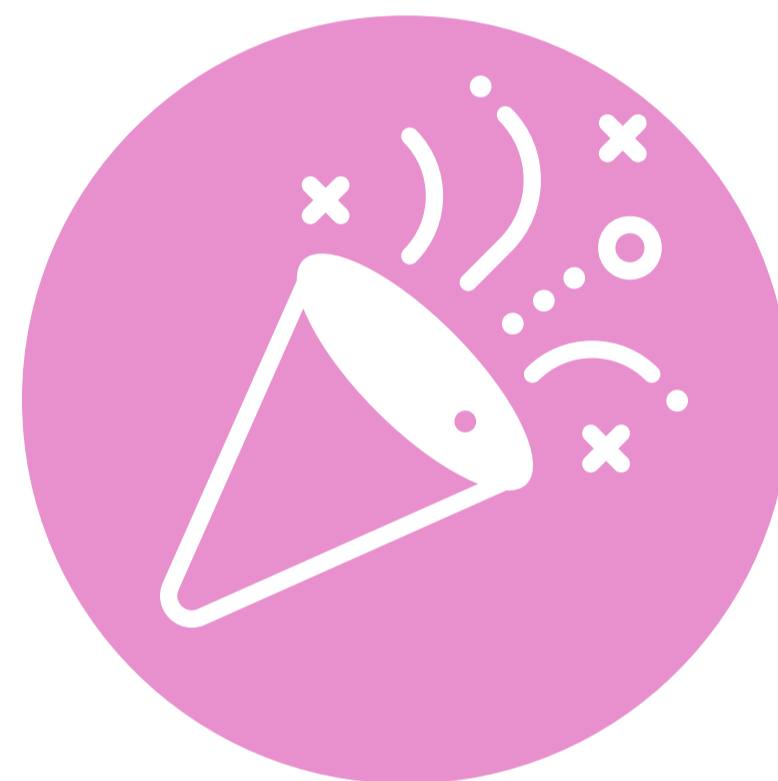
STAY CONNECTED

Text, call or video chat with friends, teammates, coaches and family.



STAY INFORMED

You may be seeing a lot of confusing information - ask questions if you aren't sure what to do.



HAVE FUN

Do something you love or try something new like: jump rope, cooking, drawing or gardening.



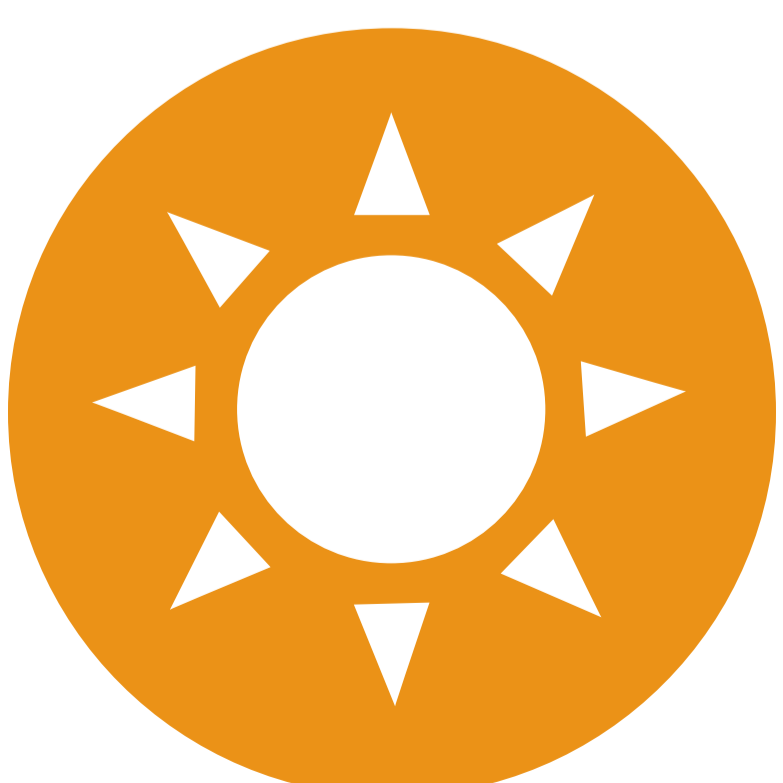
FOCUS ON GOOD THINGS

Take time to think about things that make you happy. If you feel sad or scared let someone know.



LIMIT SCREEN TIME

Only check the news once in a while. Spend most of your screen time on education and staying connected with others.



OPEN WINDOWS

Sunlight and fresh air can improve your mood even when we aren't outside.



SLEEP WELL

Try to go to bed and wake up at the same time every day. Get 8 hours of sleep.

Stay Positive Worksheet



WRITE OR DRAW YOUR ANSWER



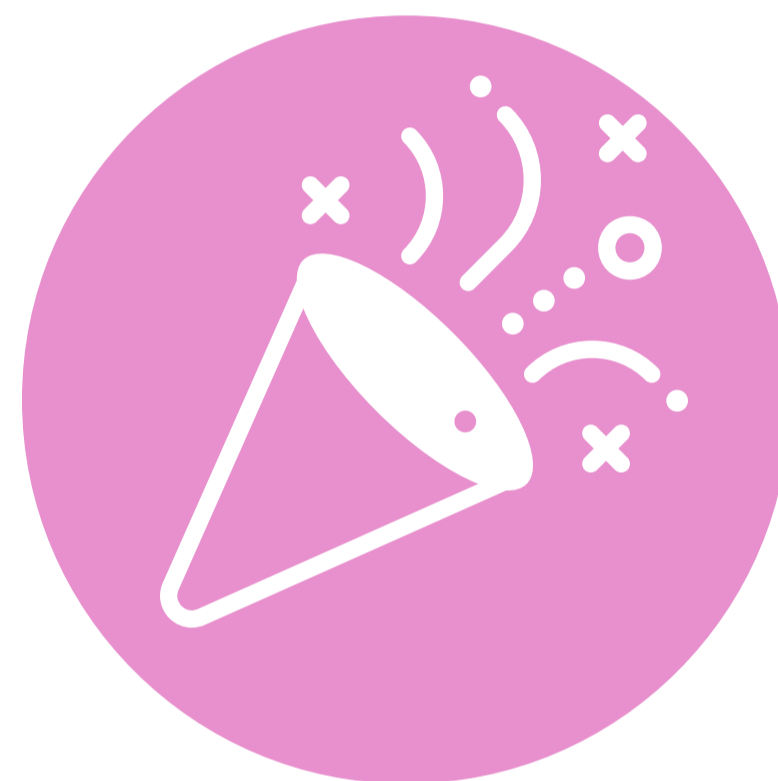
WAYS THAT I AM GOING
TO **STAY ACTIVE**:



WAYS THAT I AM GOING
TO **STAY CONNECTED**:



WAYS THAT I AM GOING
TO **STAY INFORMED**:



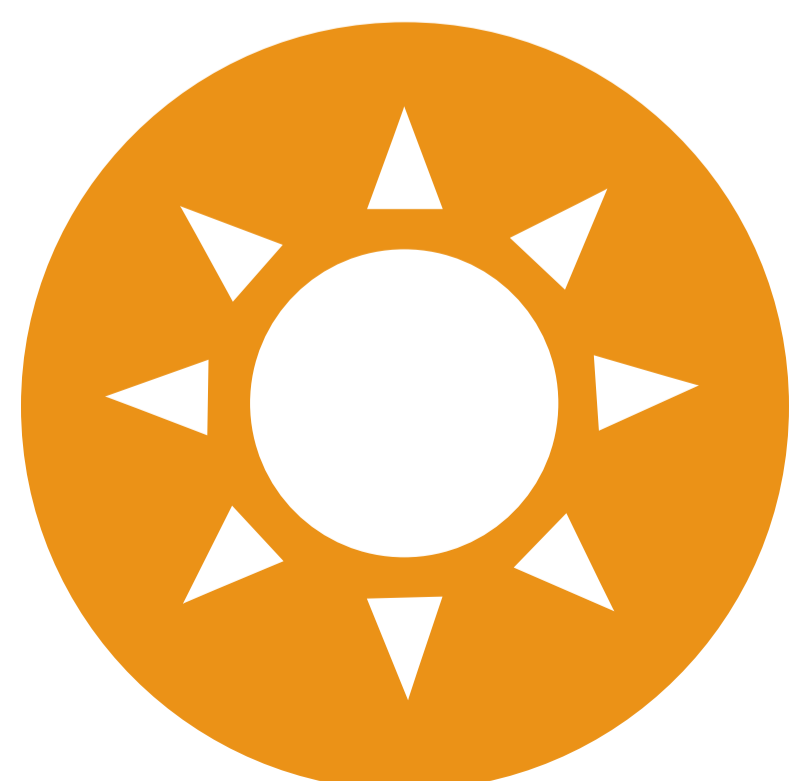
WAYS THAT I AM GOING
TO **HAVE FUN**:



GOOD THINGS THAT I AM
FOCUSING ON:



WAYS THAT I AM GOING
TO **LIMIT SCREEN TIME**:



WAYS THAT I AM GOING
TO **ENJOY THE
OUTDOORS**:



WAYS THAT I AM GOING
TO **SLEEP WELL**:

Stay Connected Ask a Friend Q & A



Question to ask your friends, family and teammates:



What is your favourite colour?



Do you like to dance?
What is your best move?



What is your favourite movie?



If you could be any superhero, who would you be?



What is your favourite restaurant?



If you could be any animal, what would you be?



Do you know any good jokes?



If you could invent anything, what would it be?



What city were you born in?



What is a memory that makes you happy?



Do you like to read?
What kind of books?



What is your favourite sport?



BINGO



See how many you can cross off each week!
Try to make a line or complete the whole page!

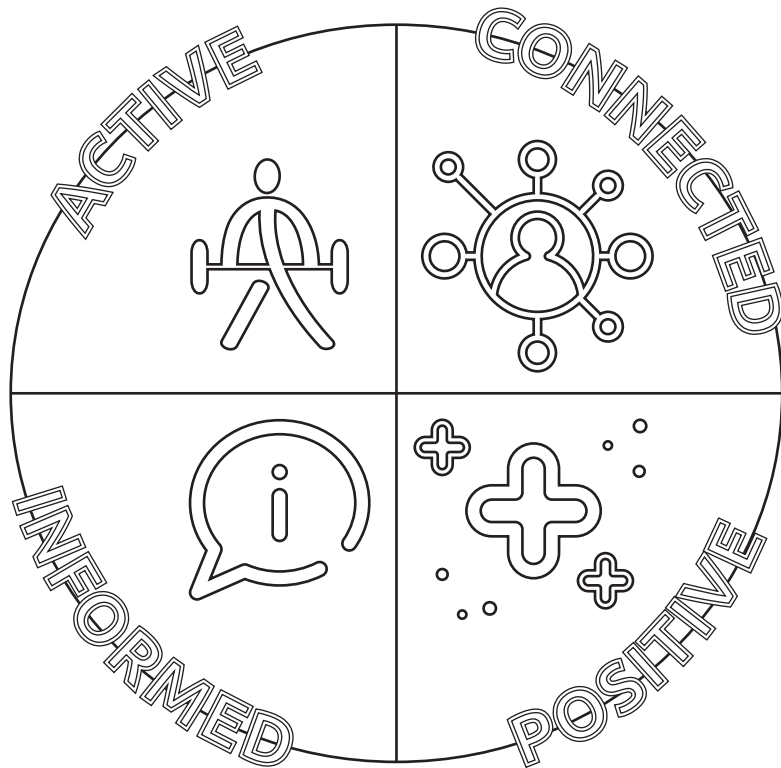
I called or texted 3 friends	I ate a colourful meal	I wrote down 3 things that I am thankful for	I played a board game or started a puzzle	I drank water at every meal
I watched my favourite movie	I went for a 30-minute walk and stayed 6 feet apart from anyone I don't live with	I ate breakfast, lunch and dinner	I looked at social media only twice in one day	I listened to my favourite song
I went for a 30-minute walk and stayed 6 feet away from anyone I don't live with	I ate a meal without looking at a device or screen	FREE SPACE	I did an at-home workout using the Healthy @ Home Wellness Challenge	I called or texted 3 friends
I called or texted 3 friends	I coloured the SO Healthy @ Home colouring pages	I called or texted 3 friends	I ate fruits or vegetables for a snack	I got 8 hours of sleep
I wrote about my favourite Special Olympics moment	I ate a meal that included 2 vegetables	I went for a 30-minute walk and stayed 6 feet apart from anyone I don't live with	I drank 8 glasses of water	I did an at-home workout

Take an Art Break!

Take a few minutes to colour in the image below and decorate it to make it your own - and share your masterpiece online or put it up in your window if you don't use the internet or social media!



Healthy
@ Home



Healthy
@ Home

Take an Art Break!

Take a few minutes to colour in the image below and decorate it to make it your own - and share your masterpiece online or put it up in your window if you don't use the internet or social media!



Healthy
@ Home

LET ME WIN.
BUT IF I CANNOT WIN,
LET ME BE BRAVE
IN THE ATTEMPT.

Athlete's Oath

Weekly Exercise, Nutrition and Hydration Tracking

Athlete Name: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Exercise</p> <p>Check box if you exercised today!</p> <p>Write in the number of minutes</p>	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes
<p>Nutrition</p> <p>How many total fruits and vegetables?</p>	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○
<p>Water</p> <p>How many bottles (16oz) of water did you drink?</p>	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○

Fill in the star if you reached your Fit 5 goal this week:

Exercise 

Nutrition 

Water 

Weekly Exercise, Nutrition and Hydration Tracking

Athlete Name: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Exercise</p> <p>Check box if you exercised today!</p> <p>Write in the number of minutes</p>	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes
<p>Nutrition</p> <p>How many total fruits and vegetables?</p>	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○
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<p>Exercise</p> <p>Check box if you exercised today!</p> <p>Write in the number of minutes</p>	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes
<p>Nutrition</p> <p>How many total fruits and vegetables?</p>	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○
<p>Water</p> <p>How many bottles (16oz) of water did you drink?</p>	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○

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<p>Nutrition</p> <p>How many total fruits and vegetables?</p>	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○
<p>Water</p> <p>How many bottles (16oz) of water did you drink?</p>	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○

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