

CIRCUIT TRAINING TO IMPROVE OUR STRENGTH AND ENDURANCE

OUR TEAM	NAME AND SURNAME	DATE when you will lead the circuit training to your classmates:
PARTICIPANT 1 (Coordinator)		
PARTICIPANT 2		
PARTICIPANT 3		
PARTICIPANT 4		

OUR CIRCUIT TRAINING				
Number OF EXERCISES	WORKING TIME (How much time does each exercise last?) or Number OF REPETITIONS	RESTING TIME (between exercises)	RESTING (between rounds)	Which activity will your classmates do while they are resting? (Only if it is an active resting):
MATERIAL that you need:				
PLACE where you will do your circuit training:				



AEROBIC EXERCISE






STRENGTH EXERCISE








UPPER BODY



LOWER BODY

EXERCISE Nº 1 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		
EXERCISE Nº 2 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		
EXERCISE Nº 3 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		

EXERCISE Nº 4 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		
EXERCISE Nº 5 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		
EXERCISE Nº 6 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		
EXERCISE Nº 7 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		
EXERCISE Nº 8 	NAME of the exercise		GRAPHIC REPRESENTATION of the exercise
	DESCRIPTION of the exercise		