

FIRST & LAST NAME: _____



“IRL” LOG

“IN REAL LIFE!”

NIAGARA KUNG FU ACADEMY | LEADERSHIP & BLACK BELT CLUB

Each time you choose to do something other than **TV, VIDEOGAMES, TABLET/PHONE, OR COMPUTER** at home for entertainment, write what you did instead. *Note: Activities will not count if they are not “by choice”. (e.g school, travel, work, power outage, etc.)*

Additionally, in order to get the **20 POINT STRIPE** for that section, you must also go 1 entire day **WITHOUT** using any of these things for entertainment. *Note: Screen time does not count if the screen time is for educational or professional purposes.*

(Circle 1 – 2 screen-time devices.)

(Write 1 or more activities.)

1. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
2. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
3. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
4. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
5. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
6. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
7. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
8. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
9. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
10. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.

I WENT 1 ENTIRE DAY WITHOUT SCREEN TIME FOR ENTERTAINMENT ON _____, ____/____/20____.

PARENT SIGNATURE: _____ DATE: _____ INSTRUCTOR SIGN: _____ GREEN STRIPE AWARDED []

1. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
2. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
3. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
4. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
5. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.
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10. I replaced 1 hour of TV/VIDEOGAMES/TABLET/PHONE/COMPUTER with 1 hour of _____.

I WENT 1 ENTIRE DAY WITHOUT SCREEN TIME FOR ENTERTAINMENT ON _____, ____/____/20____.

PARENT SIGNATURE: _____ DATE: _____ INSTRUCTOR SIGN: _____ GREEN STRIPE AWARDED []

If you want to receive your INNER SIGHT AWARD at the next graduation, turn in this sheet fully completed, front & back, no later than your TESTING DAY (NOT on graduation). You can only earn ONE Inner Sight Award per cycle, but you can earn UNLIMITED stripes on your belt for reducing screen-time and living in the real word!