

CENTURIONS

PHYSICAL EDUCATION



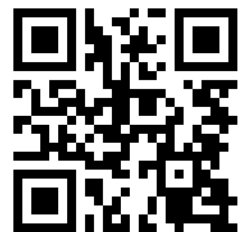
Physical Activity Planning

Grade 11

NAME: _____

TEACHER: _____

SLOT: _____



FRC Phys Ed Website
www.frcphysed.weebly.com

CENTURIONS

PHYSICAL EDUCATION



PE 30F - GRADE 11

COURSE OUTLINE

This one-credit compulsory course runs the full semester.

It is a PASS/FAIL Course. There is no percentage grade.

There are 5 requirements you must complete to PASS this course

1) *In-School Activity Blocks*

- a. You must complete 5 in-school activity blocks of your choice
- b. Attendance and participation are essential during the blocks
- c. 1 EXCUSED absence is permitted. Any absences in addition to this for any reason will result in an INCOMPLETE for the block
- d. You will receive an absence if you are not changed in proper physical attire

2) *Health CORE block*

- a. You must attend all health classes and complete all assignments in this mandatory core block.
- b. You must sign up with your PE teacher
- c. If you miss this block, you must attend a make-up core block held at the end of the semester

3) *Physical Activity Practicum*

- a. You must complete 40 hours of physical activity outside of your regularly scheduled classes. You are responsible for journaling these hours (through OneDrive)
- b. Parents/guardians must sign to verify they have been completed
- c. You must work all fitness components (Cardio, Muscular Strength/Endurance, and Flexibility)
- d. Before starting your Physical Activity Practicum, you must complete and hand in:
 - i. Your Personal Physical Activity plan
 - ii. Goal Setting worksheet
 - iii. Out of Class Parent Declaration and Consent form
 - iv. Risk Management Sign-Off form

4) Self-Directed and Instructor Directed workouts (SDW's and IDW's)

To complete this requirement, you must collect a total of 15 stamps from an FRC teacher/supervisor. You will complete workouts to receive a stamp. You will be given a booklet to collect your stamps in. The stamp will look like the image below.



You must complete:

a. Self-Directed Workouts (10 workouts)

- i. These are workouts that you do by yourself and must be completed at FRC in the Healthy Living Centre (before/after school, lunchtime, or during any spares)
- ii. A teacher/supervisor must approve your completion after each workout.
- iii. Workouts must be at least 60 minutes.
- iv. You must work all areas of fitness (cardio, muscular strength/endurance, and flexibility)

b. Instructor-Directed Workouts (5 workouts)

- i. These are fitness class workouts that are taught by fitness instructors and teachers.
- ii. All fitness classes or IDW's must be completed at FRC in the Healthy Living Centre.
- iii. You must attend and participate in the full class, from start to finish, to receive your stamp.
- iv. You can get this IDW stamp from the following places:
 1. Lunch Time Fitness Classes: Yoga, Spin Bike, Fitness Friday, Female Fitness
 2. Attending specific extra blocks: Instructor Directed Workout block, Yoga Block, Group Fitness Block, and others. See the block schedule for choices.

5) Mandatory Meeting Days

- a. There are mandatory meeting times set at the beginning and throughout the course to assess your progress in the Physical Education course. We assess your physical activity practicum log, Workout stamp book, block progress, and have meaningful conversations about your fitness goals and activity levels.
- b. Meetings are usually two full classes. You are required to attend both days and be active for both. You will receive a Self-Directed Workout stamp for working out in these meetings.
- c. If you miss a day, you will be marked ABSENT and will be required to need to make up the class.

Summary:

1) 5 Activity Blocks

2) Health Core Block

3) Physical Activity Practicum (40 hours of physical activity)

4) Self-Directed & Instructor-Directed Workouts (10 SDW & 5 IDW)

5) Mandatory Meetings

FREQUENTLY ASKED QUESTIONS ABOUT GRADE 11/12 PHYS ED.

- **What do I need to bring for Phys-Ed Class?**
 - *A change of clothes that you can be physically active in, clean indoor shoes, a water bottle, hygiene products (deodorant)*

- **I'm injured and my doctor says I am not allowed to participate in physical education. What do I do?**
 - *Talk to your teacher. They can come up with a personalized plan for you so you can still participate and work towards your phys-ed credit.*

- **How do I keep track of my physical activity practicum hours?**
 - *We will be using an online spreadsheet to keep track of your hours. You can use your phone or a computer to do this. Your teacher will instruct you on how it should look.*

- **Can I get more than 1 SDW or IDW stamp in a day?**
 - *No. This is to make sure that it is fair for other students to use the facility and equipment, especially if it is your scheduled class. "Binge" exercising is also considered an unhealthy behaviour.*
 - *However, completing 1 SDW and 1 IDW in one day is okay, even though it is not recommended. Completing 2 SDW or 2 IDW in one day is not okay.*

- **What happens if I lose my SDW/IDW workout book?**
 - *If this happens to you, go and see your teacher immediately. If it is found, it sometimes gets brought to their teacher and they will hold it for you until you can pick it up.*
 - *If the teacher does not have your book, they will be able to give you a new book, and give you credit for the workouts that they have recorded from the last mandatory meeting you had.*

- **Can I do a Self-Directed Workout if there is a class in the weight room?**
 - *Yes, you can. However, if there is a lot of students in the weight room, or there is a scheduled class in there, you may be told that you cannot enter.*
 - *It is best to ask the teacher/supervisor that is in the weight room if you can enter the room during a class time.*

- **If I workout at another fitness facility outside of the school, can I get a Self-Directed workout stamp?**
 - *No, this will not count towards your SDW/IDW workout requirement, as there is no proof of participation. All SDW/IDW workouts must happen at school.*

- **How long do I need to plan my workout for to get a SDW/IDW stamp?**
 - *To receive a stamp, your workouts must be 60 minutes long (1 hour). They should be with full participation and effort. As well, if you are late to join a fitness class, or leave for an extended period of time, you will not receive a stamp.*
 - *If you intend to do a self-directed workout in our weight room, you must arrive within the first 5 minutes of class time to ensure you have enough time to exercise.*
 - **NO EXCEPTIONS**

- **What should I think about before picking blocks?**
 - *Before you pick your blocks, think about what interests you. What do you want to learn more about? What is important to your physical activity goals. Blocks are a good chance to learn lots of new skills and resources, so take advantage of them.*
 - *Also, confirm your availability blocks. For example, if you know you are away on a trip during the time you have a block, you will not get credit for that block.*

- **What are my choices for activity blocks?**
 - *A list of blocks and the schedules are posted on the FRC Physical Education website. As well, there are posters that are on the walls in the Active Living Centre. Ask your teacher for more details.*

- **My teacher says I have to do a “make-up” for a missed meeting or class. What do I do?**
 - *You will be required to do a “make-up” for phys ed if you miss a meeting day, or miss too many classes in your activity blocks.*
 - *You can do any of the following to “makeup a class”.*
 - *Complete an SDW, Complete an IDW, or attend one class of an activity block (with permission from a teacher).*
 - *The makeup sheets are located in the back of your SDW/IDW Workout booklet.*

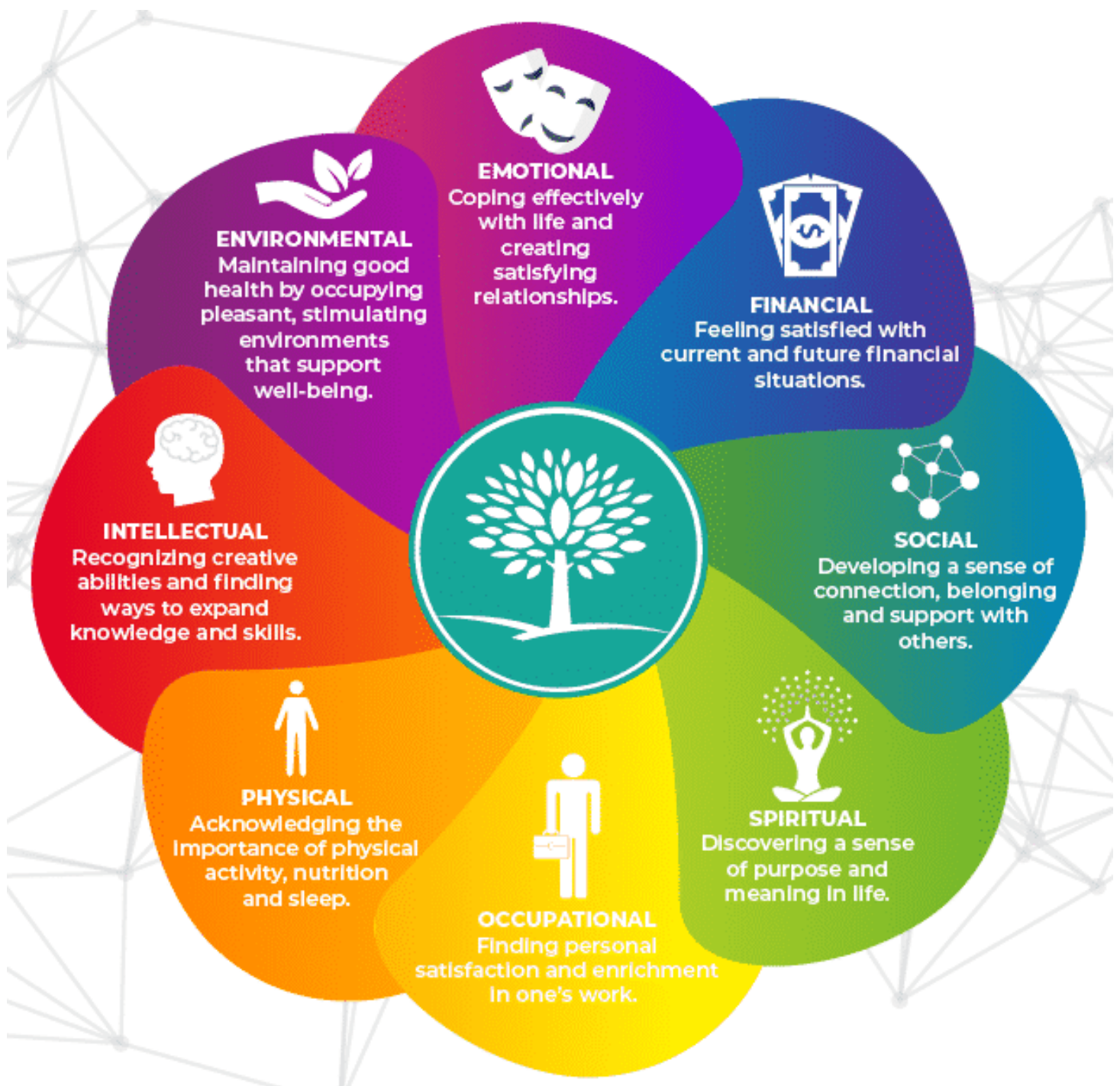
- **If I am not in a block, and am not required for attendance, do I have free time? Do I have a spare?**
 - *No, you do not have a spare. You have a scheduled phys ed class! Think about what you can do to work on other pieces of your phys ed credit. For example, you can use this free time to work on your SDW/IDW stamps or physical activity practicum hours. It is extremely important that you continue your physical activity plan and maintain your new active lifestyle.*

- **If I am sick, or have a field trip, and am not able to attend a block, what do I do?**
 - *Talk to your teacher. Alternate arrangements can be made for special situations.*

- **What things can I put into my physical activity practicum log to count for my activity hours?**
 - *All activity should be put into your physical activity practicum log. From light activity, to vigorous activity.*
 - *However, there are a few things you can put in your log, but does NOT count towards your activity hours.*
 - *Work or employment*
 - *Activity Blocks*
 - *Self-Directed Workouts & Instructed Directed Workouts*
 - *All activity that is planned and outside of school time is eligible for your physical activity log.*

The “Wellness Wheel”






The 8 Dimensions of Wellness

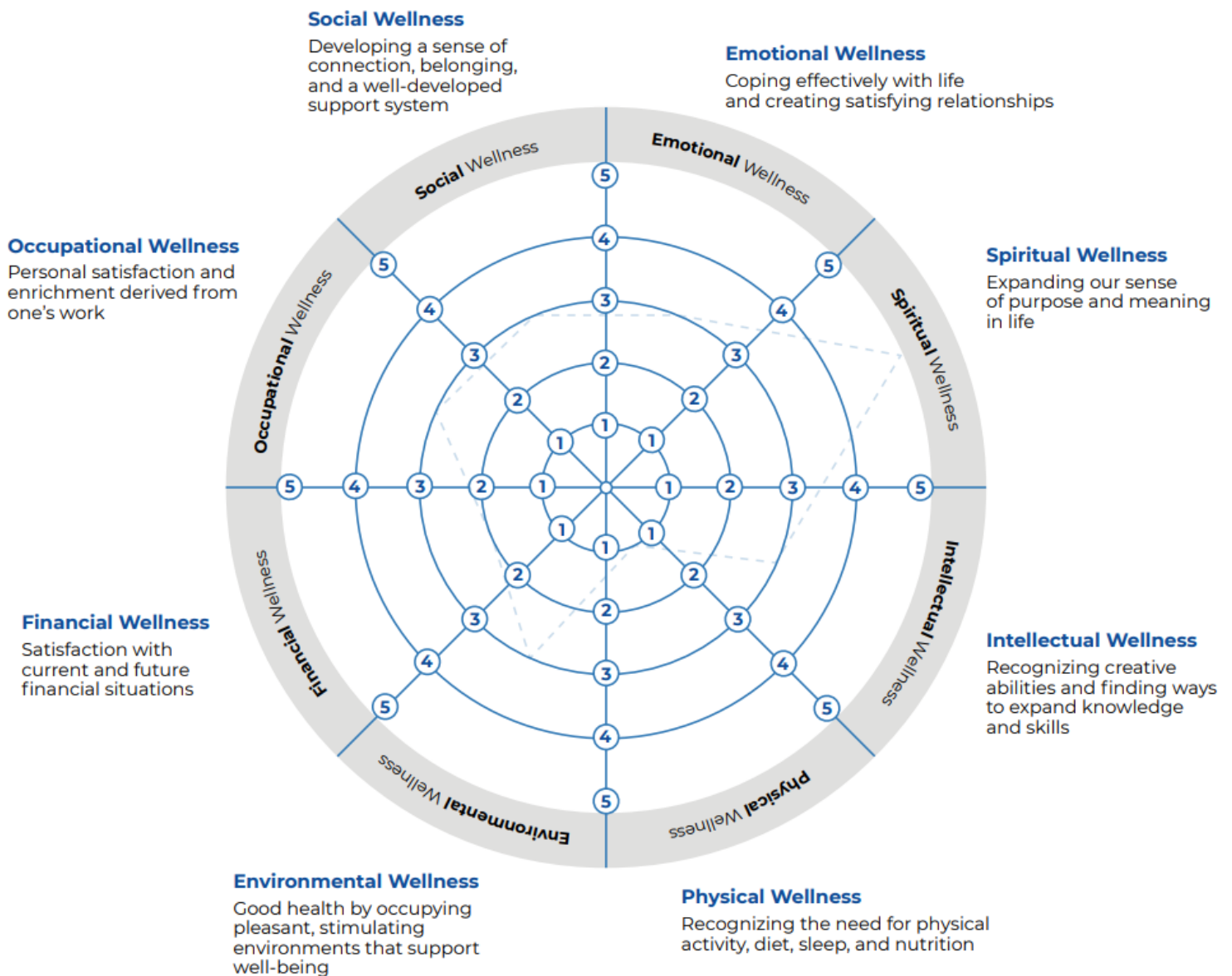


Your Wellness Wheel

Score your current level of happiness in each section of the wheel. Shade in the appropriate number of pieces of each piece of the wheel using the information below.

Also refer to the guiding questions to help you think.

-  1) I am very unhappy with this part of my life.
-  2) I am unhappy with this part of my life, but I haven't hit rock bottom.
-  3) This part of my life is pretty good but could still use some improvement.
-  4) I am content with this part of my life, but I can see a few tweaks that would make it even better.
-  5) I am completely happy and fulfilled in this part of my life – there is no room for improvement.



Guiding Questions

When filling out your wellness wheel, ask yourself...

- **Physical Wellness**
 - Do I eat a balanced nutritional diet? Do I eat healthy?
 - Do I exercise at least three times a week?
 - If I use alcohol or other substances, do I use them safely?
 - Do I get sick a lot?
 - Am I a healthy weight for my body height?
- **Financial Wellness**
 - Do I have a budget and am I able to save money?
 - Does my behavior reflect my beliefs and values about money?
 - Am I being smart with my money?
 - Do I have financial goals and plans for the future?
- **Intellectual Wellness**
 - Do I try to learn new things and exercise my brain?
 - Do I engage in mentally stimulating activities?
 - Do I learn new skills?
 - Do I have positive thoughts?
 - Do I spend time on personal and professional development (learning to improve myself)?
- **Emotional Wellness**
 - Am I able to express and communicate my feelings?
 - Do I have control over my emotions and how I am feeling?
 - Am I able to handle change?
 - Am I independent? Can I do things on my own?
 - Am I emotionally stable and balanced?
- **Social Wellness**
 - Can I resolve conflicts in all areas of my life?
 - Am I respectful of other people's feelings?
 - Do I communicate well with others?
 - Do I have people in my life that I can trust?
 - Am I able to set healthy boundaries?
 - Do I have a sense of belonging?
- **Spiritual Wellness**
 - Do I have a sense of meaning and purpose in life?
 - Do I trust other people?
 - Am I able to forgive myself and other people?
 - Do I have values and beliefs that I base my life around?
 - Do I have a feeling of inner peace?
- **Occupational Wellness**
 - What tasks at work or school do I enjoy?
 - What tasks do I dislike at work or school?
 - Do I communicate well with co-workers or other students?
 - Have I set realistic career goals?
 - Am I making progress toward your career goals?
- **Environmental Wellness**
 - Do I spend time outdoors enjoying nature?
 - Do I care about my surroundings to make it enjoyable?
 - Do I reuse and recycle products?
 - Do I keep my room and living spaces clean?
 - Do I care about the environmental pollution?

Physical Activity Planning – Current Interests and 1 Week Recall

To figure out how we are going to start creating an active lifestyle and improve our well-being, we need to analyze what activities you are currently doing.

In the questions below, please answer truthfully and to best of your ability.

Please include all physical activities, including low intensity to high intensity activities.

In the questions below, refer to last week.

Describe what physical activities you participated in. Please write it in the following format.

DAY	Physical Activities	Total Time in Minutes	Difficulty Rating (1 - 10) 1 = very easy 10= extremely difficult
EXAMPLE	Walking to school Body weight exercises Jogging	90 (Add together the time from each activity)	8 (Pick a rating that describes your whole day, not one particular activity)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

- 1) What are some **individual** physical activities that you are currently participating in, or have participated in, and enjoy?

Examples:

- Weightlifting, Bike Riding, Powerwalking, Running or Jogging, Swimming, Dancing, etc.

- 2) What are some **group or team** physical activities that you are currently participating in, or have participated in, and enjoy?

Examples:

- Fitness classes (spin bike, yoga, boot camps, etc.)

- Sports (soccer, volleyball, badminton, track and field, hockey, cricket, golf, etc.)

- Social (dancing, walk clubs, gardening, and yard work etc.)

- 3) One reason why people do not participate in physical activities is because people don't know enough about them or are not confident in their skills with the activity.

a. What physical activities (individual, group, or team) are you interested in learning more about or trying?

b. What physical activities (individual, group, or team) do you hope to improve your skills on?

- 4) In the past 3 months...

I have been active **3-4 days** a week **regularly**.

(CIRCLE YOUR ANSWER)

- a. Yes, completely
- b. Maybe half of the time
- c. Once or twice
- d. Not at all

5) In the past 3 months...

I **regularly** engaged in physical activities that involved Cardiovascular fitness, Muscular Strength/Endurance and Flexibility.

Cardio = Walk, run, bike, swim etc...

Muscular Strength/Endurance = lifting weights, body weight exercises, etc...

Flexibility = Stretching, yoga, etc...

(Circle Your Answer)

- a. Yes, completely
- b. Only 2 of the above fitness components
- c. Only 1 of the above fitness components
- d. I did not do anything the past three months.

6) When thinking about the activities I participated in, I **regularly** engaged in activities that involved increasing my heart rate to levels where it was difficult to talk, and I was sweating. (Moderate-Vigorous levels)

(Circle Your Answer)

- a. Yes, most of my activities increased my heart rate to these levels
- b. Maybe half of my activities
- c. A few of my activities
- d. None of my activities increased my heart rate to these levels.

7) When thinking about the activities I participated in, I regularly engaged in activities that made my muscles sore the next day.

(DOMS - Delayed Onset Muscle Soreness--> That feeling you get the next day after a good workout and your muscles "hurt")

(Circle Your Answer)

- a. Yes, my workouts always leave me "feeling it" the next day.
- b. My muscles are sore after half of my workouts.
- c. My muscles are sore once or twice.
- d. I never work hard enough to get sore muscles.

8) Do you think that you had enough physical activity over the past three months? Explain. Include reasoning for your response. For example: You had a job or an injury so could not exercise, etc...

Planning for Physical Activity – Things to know

Physical Activity Changes in Your Body:

- increased heart and circulatory function and endurance → a lower **working** heart rate for a given activity and a lower **resting** heart rate
- increased muscular strength → the ability to lift heavier loads or lift lighter loads easier
- increased muscular endurance → the ability to execute more repetitions without rest
- increased bone strength → decreased risk of fracture or injury
- increased joint range of motion or flexibility → the ability to reach or move into body positions impossible to attain previously
- increased physical work capacity (the ability to complete more work in a single effort) (e.g., shovelling a driveway with lower risk of injury or adverse effect)
- improved body composition (more muscle, stronger bones, and less body fat)

Lack of Physical Activity - Risks

- heart attack or heart disease
- second heart attack
- stroke
- colon, lung, breast, prostate, and many other cancers
- high cholesterol and triglycerides (fats)
- high blood pressure (hypertension)
- type 2 diabetes
- osteoporosis (reduced bone density)
- pain
- arthritis and total hip or knee replacements
- depression and anxiety
- sleep apnea


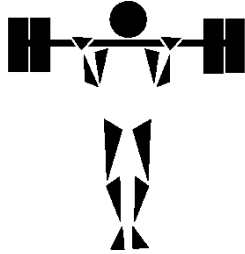

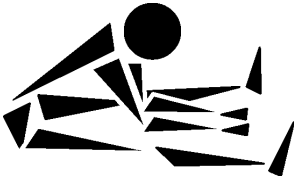
Regular Physical Activity - Benefits

- improved pain tolerance
- improved self-esteem
- improved immune system
- better posture and balance
- decreased incidence of unintended falls
- greater energy
- improved sleeping habits
- faster recovery from injury or surgery
- increased high-density lipoproteins (HDL, or the “good” cholesterol)
- increased potential to achieve and maintain a healthy body weight by burning calories
- improved work capacity
- improved nervous system (better neurons)

TAKE CARE OF
YOUR BODY.
IT'S THE ONLY
PLACE YOU HAVE
TO LIVE IN.

Health Related Fitness Components


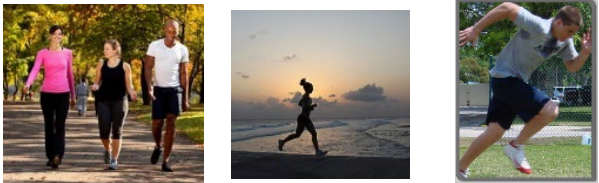


3-2-1 Principle: What is the basic amount of physical activity I need in a week?

3		<p>Cardiovascular Endurance—the ability of the heart, blood vessels, and lungs to provide the working muscles with adequate oxygen during prolonged activity (also called aerobic endurance or capacity).</p>
2		<p>Muscular Strength—the amount of force that can be exerted by a muscle or group of muscles in a single effort.</p>
		<p>Muscular Endurance—the ability of a muscle or group of muscles to exert force over an extended period without fatigue.</p>
1		<p>Flexibility—the range and ease of movement of a joint (limited by bone, muscles, ligaments, tendons, and the bone-joint capsule).</p>

The F.I.T.T. Principle

Think of The FITT principle as a set of rules that must be followed to benefit from any form of fitness training program or exercise program.

These rules relate to the **Frequency, Intensity, Type and Time (FITT)** of exercise...

<p>F = Frequency</p>	<p><i>How often? How many times per week?</i></p> 
<p>I = Intensity</p>	 <p>Light Moderate Vigorous</p>
<p>T = Time</p>	<p><i>How much time? How many repetitions?</i></p> 
<p>T = Type</p>	<p><i>What type of exercise?</i></p>  <p>Cardio Resistance Flexibility</p>

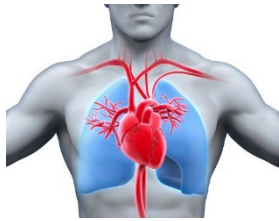
FITT Principle Guidelines

What do I need to do to improve my physical health?

Fitness and/or Health Benefit	Variables			
	F Frequency	I Intensity	T Time	T Type
Cardiovascular endurance (Cardio)	<ul style="list-style-type: none"> • 3 – 5 x week 	<ul style="list-style-type: none"> • Moderate to Vigorous 	<ul style="list-style-type: none"> • 20 minutes or more • More time equals more health benefits 	<ul style="list-style-type: none"> • Continuous Movements • Examples: <ul style="list-style-type: none"> • Jogging • Skating • Cycling • Swimming
Muscular Strength	<ul style="list-style-type: none"> • 2 – 3 x week 	<ul style="list-style-type: none"> • Sets to failure using high resistance • Low repetitions (>6 reps) 	<ul style="list-style-type: none"> • 2-3 minutes rest between sets 	<ul style="list-style-type: none"> • Full body training (8-10 exercises) • Using a variety of equipment
Muscular Endurance	<ul style="list-style-type: none"> • 2 – 3 x week 	<ul style="list-style-type: none"> • Sets to failure using low resistance • High repetitions (12-20 reps) 	<ul style="list-style-type: none"> • 1-2 minutes rest between sets 	<ul style="list-style-type: none"> • Full body training (8-10 exercises) • Using a variety of equipment
Flexibility	<ul style="list-style-type: none"> • Daily 	<ul style="list-style-type: none"> • Stretch until feel mild to moderate tension (no pain) 	<ul style="list-style-type: none"> • Hold each stretch 30-60 seconds • Each stretch can be repeated 2-3 times. 	<ul style="list-style-type: none"> • Static • Dynamic • PNF

What is Cardio?

Cardio (Cardiovascular Endurance) – Continuous (without stopping) exercise that raises your heart rate and keeps it up for a period of time. Some people call it “Aerobic Exercise”.



Cardio makes your heart and lungs healthy.

****Words to know**

Heart Rate (Pulse) - Your heart rate, or pulse, is the number of times your heart beats per minute.

Maximum Heart Rate (MHR) – How high your heart rate can go. (MHR = 208 – (0.7x your age))

Resting Heart Rate – Your heart rate taken right after you wake up in the morning.

Starting Heart Rate – Your heart rate taken right before you begin to exercise.

Working Heart Rate – Your heart rate taken right after activity is stopped.

Recovery Time – The amount of time it takes for your heart to return to normal after exercise.

** _____ and _____ are two things that tell us how healthy our cardio is.

What does Cardio feel like in our body?



How hard are we working?

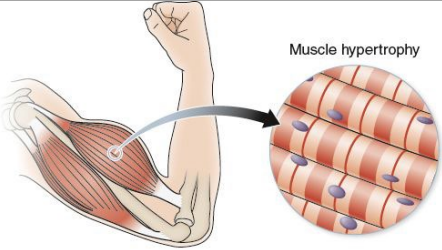
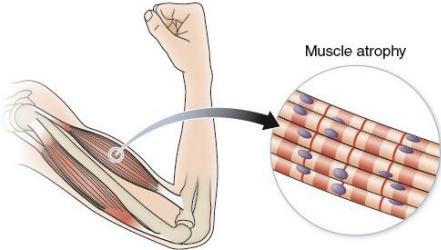
My Maximum Heart Rate (MHR) = 220 - _____ your age = _____ bpm

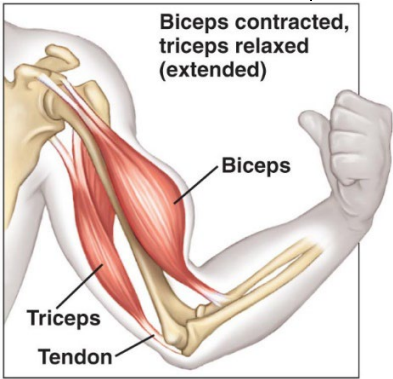
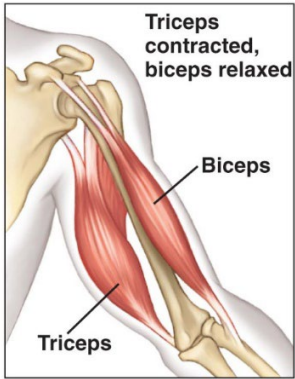


Easy	Medium	Hard
Feels like:	Feels like:	Feels like:
<ul style="list-style-type: none"> - Low Heart Rate - Easy breathing - It is easy to talk and say many words in a row 	<ul style="list-style-type: none"> - Medium Heart Rate - Medium breathing - You can feel your breathing, but can still talk 	<ul style="list-style-type: none"> - High Heart Rate - Heavy Breathing - Hard to talk and say many words in a row
60 – 70% of your Max Heart Rate	70 – 80% of your Max Heart Rate	80 – 90% of your Max Heart Rate
0.60 x MHR _____ = _____	0.70 x MHR _____ = _____	0.80 x MHR _____ = _____
0.70 x MHR _____ = _____	0.80 x MHR _____ = _____	0.90 x MHR _____ = _____

What is Muscular Strength and Muscular Endurance?

<p><u>Muscular Strength</u> Training your muscles to lift a lot of weight</p> <p><i>How much weight can you lift?</i></p>  <p>Heavy Weights Low Reps (Less than 8 reps) Long Rest (30 seconds – 2 minutes)</p>	<p><u>Muscular Endurance</u> Training your muscles to lift a weight for a long time</p> <p><i>How many reps can you do?</i></p>  <p>Lighter Weights High Reps (More than 12) Short Rest (15 – 30 seconds)</p>
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<p><u>Hypertrophy</u> Increase in Muscle Size</p> 	<p><u>Atrophy</u> Decrease in Muscle Size</p> 
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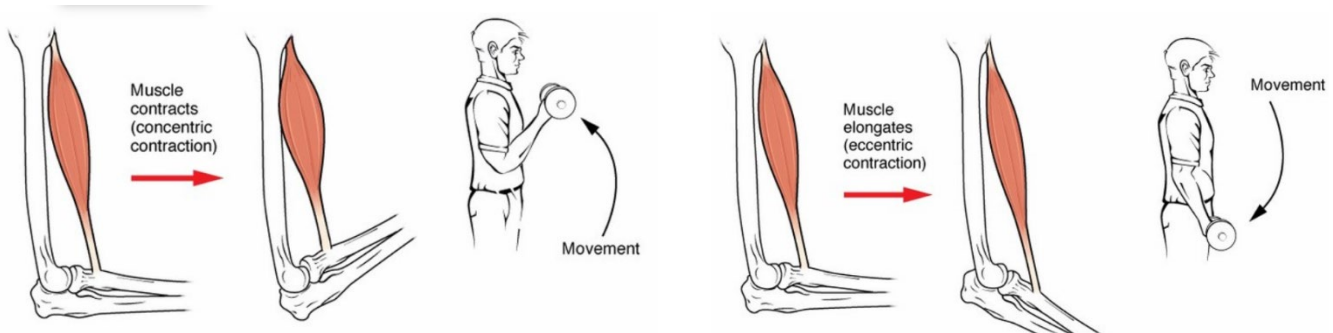
<p><u>Agonist</u> Primary Muscle Mover</p> <p>Bicep is Agonist Tricep is Antagonist</p>	<p><u>Antagonist</u> Performs opposite movement to primary muscle mover</p> <p>Bicep is Antagonist Tricep is Agonist</p>
 <p>Biceps contracted, triceps relaxed (extended)</p>	 <p>Triceps contracted, biceps relaxed</p>

Muscle Contractions

When a muscle is moving, its muscle fibers are contracting (shortening and lengthening). There are 2 different types of muscle contractions:

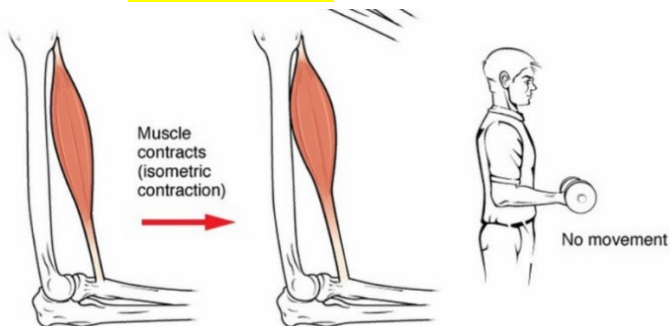
1. **Isotonic Contraction** – There is tension in the muscles as it **changes** lengths. Isotonic contractions can either be:
 - a. **Concentric contraction** – shortening of muscles
 - b. **Eccentric contraction** – lengthening of muscles

Isotonic is a moving muscle contraction



2. **Isometric Contraction** – There is tension in the muscle but **no change** in muscle length

Isometric is a not-moving muscle contraction



For more information on muscle contractions watch this video:



Scan Me

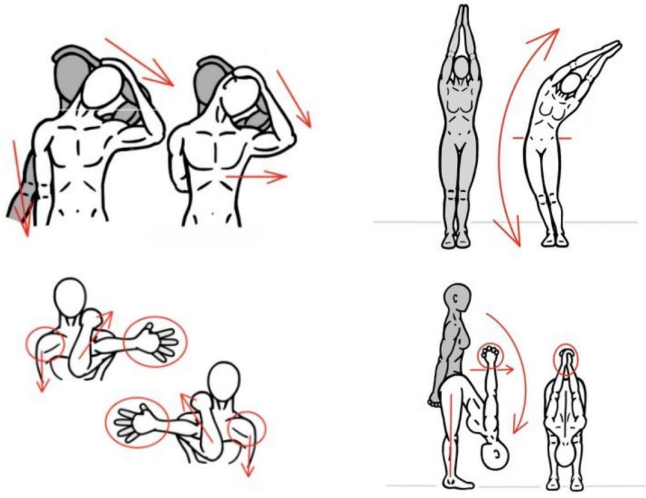
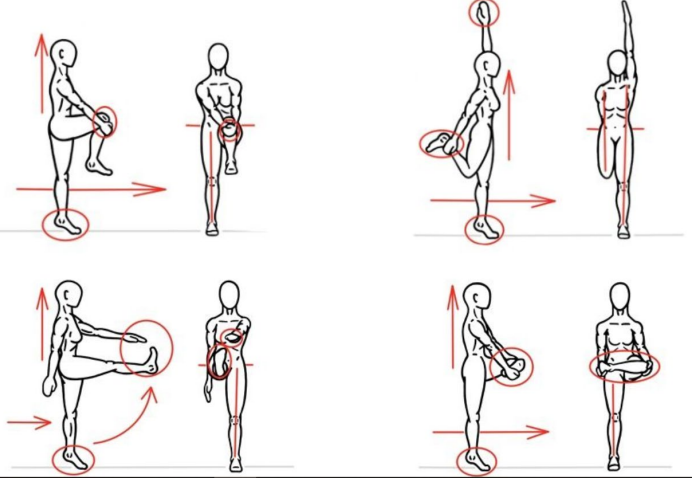
What is Flexibility?

Stretching or bending your muscles to make you move easier.

Stretching should be done:

- Everyday for 5 minutes
- On all parts of your body
- Slowly and safely
- Before and After Exercise.

Types of Stretching

<p>Static Stretching</p> <p>(Stretching while not moving)</p> <p>Stretching you do AFTER exercising</p> <p>Best used for a COOL DOWN</p>	 <p>The static stretching section contains six illustrations. The top row shows a biceps stretch (left) and a triceps stretch (right). The middle row shows an overhead stretch (left) and a side stretch (right). The bottom row shows a hamstring stretch (left) and a hamstring stretch (right).</p>
<p>Dynamic Stretching</p> <p>(Stretching while you move)</p> <p>Stretching you do BEFORE exercising</p> <p>Best done as a WARM-UP</p>	 <p>The dynamic stretching section contains six illustrations. The top row shows a leg swing (left) and a lunge (right). The middle row shows a leg swing (left) and a lunge (right). The bottom row shows a torso twist (left) and a torso twist (right).</p>

Other types of Stretching

Passive

Using a partner or weight, the muscle being stretched is moved to its maximum point and held for 5 seconds



P.N.F.

(Proprioceptive Neuromuscular Facilitation)

A more advanced form of flexibility training, which involves both the stretching and contracting of the muscle group being targeted.



Recovery Exercises

Foam Rolling

A type of exercise that may be used for many reasons, including reducing soreness, and eliminating muscle knots



5 Minute Static Stretching Video
YouTube



Dynamic Stretching Warm-Up
Track and Field
YouTube



Foam Rolling Video
YouTube

Fitness Principles

- 1) **Stress - Rest Principle** - after exercise (stress) the body must recover the energy expended as well as make repairs to tissue, to return to the pre-exercise state. To gain muscle strength and size, the muscles need to be stressed, then they must be given sufficient time to recover and adapt. Individuals must rest between sets (30 sec. to 3 min.) and between workouts (48-72 hrs.).

- 2) **Progressive Overload** - Once the body adapts to a training stress a new stress must be introduced. Overloading a muscle means putting a high stress on it, however, the stress should be increased in steps or progressions as the muscle adapts to the stress placed upon it. Progressive overload can be achieved by:
 - a) increasing the resistance (5-10%)
 - b) increasing the volume (more exercises, more sets or more repetitions)

- 3) **Principle of Specificity** (S.A.I.D.) - the body will adapt specifically to the demands imposed on it. For example, stretching develops flexibility and has little effect on aerobic fitness. Therefore, individuals must design programs that are specific to their goals and objectives according to fitness component (flexibility, strength, cardiovascular endurance etc.), energy source (aerobic, anaerobic) and specific muscles or muscle group.

- 4) **F.I.T.T. Principle** -
 - *Frequency* - number of sessions per week
 - *Intensity* - amount of stress put on the muscle according to the resistance, rest time, number of repetitions and number of sets
 - increased intensity improves strength
 - *Time* - the duration of the work-out depends on the number of exercises and amount of rest time
 - increased time improves endurance
 - *Type* - the type of exercise is determined by your goals and objectives, examples are resistance exercises, stretching etc.

- 5) **Principle of symmetry** - important for a balanced development of the body. Consideration must be given to the balance between agonistic and antagonistic muscle groups. Balance also includes development between the left and right sides of the body and balance between all fitness components.

- 6) **Ceiling Principle** - Everyone has a certain genetic potential which limits the amount of development that can take place. The amount of fast and slow twitch muscle, the point of tendon insertion, and the length of bones are examples of inherited traits that can determine the potential for development.

As an individual reaches their potential, the rate of improvement will tend to get smaller. The ceiling effect can be minimized by varying the intensity of the program throughout the year, change the order of exercises and change repetition schemes or number of sets.

- 7) **Principle of Variation** - variety in a program is essential to minimize plateaus. Variety will ensure better compliance as well as maximize improvements. Variation can consist of:
- changing intensity (load, reps, sets)
 - changing exercises
 - using different equipment
 - changing the exercise groupings
 - Cross training

** Constant stress with no variation of intensity will lead to staleness and boredom and therefore, minimal gains in strength and endurance. **

- 8) **Principle of Maintenance** - once your personal goals and objectives have been reached, it is possible to maintain the results gained through a reduction in training frequency (up to one third), however, intensity and duration must remain constant.
- 9) **Principle of Reversibility/Disuse** - to maintain a desired level of muscular fitness, exercise stress must be present; otherwise, the benefits will deteriorate to a level that matches the individual's activity level. "If you don't use it, you lose it" Effects of detraining are muscle atrophy, decreased muscular endurance, loss of flexibility, and reduction in cardiovascular endurance. Fitness levels begin to drop after 2 to 3 weeks of inactivity.

Safety Checklists

1. Each Physical activity that you are doing for your time away from school must have a corresponding **safety checklist**.
2. The safety checklists can be found on the FRC Phys Ed & Health Website: www.frcphysed.weebly.com
3. At the top, select “Courses” → “Grade 11/12” → “Getting Started”
4. Select the yellow button “Click here to download the safety checklists”
5. If you followed steps 1-4 correctly, you should arrive at the Government of Manitoba Website.



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OUT-of-Class Safety Handbook

List of Physical Activity Safety Checklists

This section contains the physical activity safety checklists that have been provided to inform students and parents of the safety concerns and/or standards to consider when selecting and participating in physical activity. While they are intended to be used specifically for OUT-of-class physical activities as part of Grades 9–12 PE/HE courses, they can also apply to physical activity participation in general. The intent is not to restrict student participation but rather to assist them in the process of identifying inherent or potential risks, recommending strategies/safest practices to manage these risks, and to minimize the possibility of injury during participation.

6. Click on the appropriate activity. Sometimes your activity might not be listed, so find the closest similar type of activity.
7. Save the activity safety checklist to your Physical Education file in your documents.
8. Repeat this for every activity listed in your Personal Activity Plan.

Filling out Safety Checklists

1. Record the Risk Factor Rating (Located on the Top Right Corner of Safety Checklist) on to your Physical Activity Plan Sheet.
2. Read all questions that are on your safety checklist.
3. Pay particular interest to any concerns about safety related to your activities and discuss these concerns with your parents.
4. Show the safety checklists to your parents so that they can sign off on your out of class physical activity plan.

See an example of a Safety Checklist on the next page.

PHYSICAL ACTIVITY SAFETY CHECKLISTS	
YOGA	
<p>Yoga is a group of ancient spiritual practices from India, often thought of as disciplines of asceticism and meditation. Outside India, where there is a strong emphasis on individualism, yoga has become primarily associated with the health benefits of the practice of asanas (postures) of Hatha Yoga.</p>	<p>Risk Factor Rating 2</p>
<p>General Learning Outcome The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and for daily living.</p>	
<p>Risk Management Strategies Safety information and recommendations contained in this safety checklist are believed to reflect best practice to reduce risk. The suggested risk management strategies are considered minimum standards for physical activity in an organized or formal setting. They may not apply to all situations (e.g., home-based, recreational, or modified activities), and more stringent safety standards may be applied by instructors/coaches/program leaders of OUT-of-class physical activities in organized programs.</p>	
<p>Instruction Note: The amount and level of instruction/directions required by the student may vary based on circumstances such as the student's personal experience, skill level, and physical condition. The use of media resources, such as books and instructional videos, may replace direct instruction if deemed appropriate and safe.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Instruction is received from a trained/certified yoga instructor or a yoga practitioner capable of demonstrating the competencies required for certification as is appropriate, depending on various factors such as level of risk, intensity, accessibility, experience, and skill <input type="checkbox"/> All sessions are conducted in a safe environment, with students being aware of the potential risks involved in yoga <input type="checkbox"/> Safety rules and procedures are learned prior to participation <input type="checkbox"/> Skills/movements are learned in proper progression <input type="checkbox"/> Program adheres to basic fitness and training principles <input type="checkbox"/> Each session is conducted with a proper warm-up, cool-down, and appropriate fitness work <input type="checkbox"/> Drinking water is available and consumed as needed 	
<p>Supervision Note: The level of supervision is provided as is appropriate, depending on various factors such as level of risk, intensity, accessibility, experience, and skill.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recommended level of supervision: on-site supervision during initial instruction <input type="checkbox"/> Safety rules and procedures are enforced <input type="checkbox"/> Emergency action plan is in place to deal with accidents/injuries 	

PHYSICAL ACTIVITY SAFETY CHECKLISTS	
YOGA	
<p>Facility</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activity area is free of hazards/debris <input type="checkbox"/> Proper lighting and ventilation, when applicable, are provided <input type="checkbox"/> Instructions for use of facility are posted <input type="checkbox"/> Emergency exit of indoor facility is clearly marked 	<p>Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Equipment to be used is suitable and in good condition <input type="checkbox"/> Mats are cleaned regularly <input type="checkbox"/> Instructions are given regarding the proper maintenance/storage of equipment <input type="checkbox"/> First aid kit and phone are available
<p>Clothing/Footwear</p> <ul style="list-style-type: none"> <input type="checkbox"/> Classes are conducted in bare feet, unless otherwise instructed <input type="checkbox"/> Jewelry is removed or secured when safety is a concern <input type="checkbox"/> Appropriate clothing is worn, permitting unrestricted movement <input type="checkbox"/> Clothing must meet requirement of the club 	
<p>Other Considerations</p> <ul style="list-style-type: none"> <input type="checkbox"/> The student has completed a regular medical checkup and a medical history prior to starting the program <input type="checkbox"/> The student has submitted the signed Parent Declaration and Consent & Student Declaration Form (student under 18) or Student Declaration Form (student 18 and over) prior to beginning the program <input type="checkbox"/> Registration in an accident insurance plan is encouraged <input type="checkbox"/> Students who suffer an injury are referred to appropriate medical personnel for treatment and rehabilitation, and should not return to training until cleared by a qualified medical professional <input type="checkbox"/> The activity is suitable to the student's age, ability, mental condition, and physical condition <input type="checkbox"/> The student demonstrates self-control at all times and avoids any behaviour deemed inappropriate <input type="checkbox"/> The student's choice of this activity as part of the OUT-of-class component of the physical education/health education course has been presented to the parent/guardian (student under 18 years of age) and to the teacher 	

Setting **S M A R T** Goals

The research shows that specific and challenging goals lead to better performance (Locke, 1968). In this lesson we will be working on designing a plan and creating SMART goals to help us achieve a healthier lifestyle.



You goal should be as specific as possible and answer the questions: **What** is your goal? **How** often or how much? **Where** will it take place?



How will you measure your goal? Measurement will give you **specific feedback** and hold you accountable.



Goals should push you, but it is important that they are **achievable**. Are your goals attainable?



Is your **goal and timeframe realistic** for the goal you have established?



Do you have a **timeframe** listed in your SMART goal? This helps you be **accountable** and helps in **motivation**.

Goal Setting

What is something you would like to achieve this semester? Set 2 health and wellness goals you would like to achieve this semester:

GOAL 1

My goal:	
Why is this goal important to me?	
To reach my goal I will....	Things that will help me achieve my goal:
Barriers that could get in the way → How I plan to overcome	
I will know I have achieved my goal when....	

GOAL 2

My goal:	
Why is this goal important to me?	
To reach my goal I will....	Things that will help me achieve my goal:
Barriers that could get in the way → How I plan to overcome	
I will know I have achieved my goal when....	

Your Physical Activity Plan

Name _____ Date _____

	Physical Activity	Frequency of Activity	Estimated Time (in Minutes)	Safety Checklists Read and Understood
<i>Examples:</i>	Indoor Soccer	3 practices + 1 game per week	60	<input type="checkbox"/>
<i>Examples:</i>	Bike Riding	5 days—to and from school	20	<input type="checkbox"/>
CARDIO				<input type="checkbox"/>
CARDIO				<input type="checkbox"/>
MUSCLE				<input type="checkbox"/>
MUSCLE				<input type="checkbox"/>
FLEXIBILITY				<input type="checkbox"/>
FLEXIBILITY				<input type="checkbox"/>
OUTDOOR ACTIVITY SUMMER				<input type="checkbox"/>
OUTDOOR ACTIVITY SUMMER				<input type="checkbox"/>
OUTDOOR ACTIVITY WINTER				<input type="checkbox"/>
OUTDOOR ACTIVITY WINTER				<input type="checkbox"/>

<i>Teacher Initials</i>	<i>Date</i>
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Safety Checklists

Link found at
<http://frcphysed.weebly.com/getting-started.html>

FRC Physical Education & Health Education Parental Consent & Student Declaration Form

Parent Declaration:

I understand that the new physical activities my child has chosen for the OUT-of-class component of this course have been accepted by their Physical Education teacher as indicated on my child's Personal Physical Activity Plan (attached).

I have reviewed and are aware of all the risks and the recommended safety guidelines for the physical activities in their Physical Activity Plan chosen by my child, and have discussed them with my child.

I understand that the recommended safety guidelines are believed to reflect best practice and are considered minimum standards for physical activity in an organized or formal setting. They may, however, not apply to all situations (e.g., home-based, recreational, or modified activities), and more stringent safety standards may be applied by instructors/coaches/program leaders of OUT-of-class physical activities in organized programs.

I am aware that school staff will not inspect the facilities or equipment to be used by my child for the non-school-based physical activities he/she has chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that these facilities and equipment meet the recommended safety standards for the non-school-based physical activities he/she has chosen for this course. This may include investigating for evidence of general liability coverage.

I am aware that the school staff will not be present or in any way involved in supervising my child while he/she participates in the non-school-based physical activities he/she has chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that while participating in non-school-based physical activities my child receives the appropriate level of instruction and/or supervision for his/her chosen activities. This may include investigating for evidence of general liability coverage and requirements for personnel to undergo criminal record and child abuse registry checks.

I will encourage my child to abide by the recommended safety guidelines that are appropriate for the new physical activities he/she has chosen for the OUT-of-class component of this course, and to abide by any other more stringent safety standards imposed by his/her instructors, coaches, or program leaders while he/she is participating in his/her chosen physical activities for the OUT-of-class component of this course. This is to ensure, to the extent reasonably possible, that no one is injured and no property is damaged or lost as a result of my child's participation in the OUT-of-class component of this course.

I understand that I will be responsible for paying for any and all fees that may result from my child's participation in the new physical activities he/she has chosen for the OUT-of-class component of this course.

I understand that if my child wants to choose other physical activities for inclusion in the OUT-of-class component of this course, and these activities are not part of the attached revised Personal Physical Activity Plan, prior to participation my child must obtain and review the recommended safety guidelines for these new activities. Also, my child will receive my consent to participate in the new physical activities

Parent Consent:

Having considered my child's mental and physical condition, and the risks and suitability to him/her of the physical activities he/she has chosen for the OUT-of-class component of this course, I consent to my child participating in his/her chosen physical activities.

I have read, understand, and agree with the above statements.

_____	_____
<i>Parent Signature (if student is under 18 years of age)</i> <i>No signature required if student is over 18 years of age)</i>	<i>Date</i> <i>(Month, Day, Year)</i>

Student Declaration:

I have reviewed and are aware of all the risks and the recommended safety guidelines for the physical activities in my Physical Activity Plan that I have created.

While participating in these activities, I will abide by the recommended safety guidelines that are appropriate to the nature of the activity (e.g., recreation vs. competition). When applicable, I will also abide by any other more stringent safety standards imposed by my instructors, coaches, or program leaders.

I will ensure, to the extent reasonably possible, that no one is injured and no property is damaged or lost as a result of my participation in my chosen physical activities for the OUT-of-class component.

I understand that if I want to choose other physical activities that are not part of the attached Personal Physical Activity Plan for inclusion in the OUT-of-class component of this course, prior to participation I must obtain and review the recommended safety guidelines for these new physical activities, as well as receive my parent's consent to participate in these new physical activities.

I have read, understand, and agree with the above statements:

_____	_____
<i>Student's Last Name</i>	<i>Student's First Name</i>
_____	_____
<i>Student Signature (if student is under 18 years of age)</i>	<i>Date</i>