

PE 20 Course Plan Proposal

Student Name:		Student number:	
---------------	--	-----------------	--

Write a short description of yourself as an active person. List any activities that you regularly participate in within the next 3-4 months. This can include team/individual sports, activity groups (like dance) or regular fitness classes. For each activity you list provide the weekly hours completed. Lastly include any information that may affect your ability to complete activity hours, like current injuries.

Credits: 5 credits (70 activity hours). You must participate in activities from: **4 dimensions**.

In each dimension, you must participate in at least one activity.

- Indicate in the left column whether you will be receiving Instruction (I) or the activity will not be instructed (N).
- For each activity that you choose you need to estimate how many hours you plan on participating
- You **MUST** provide the name or position of a supervisor and their qualifications.
- If you wish to change activities that you have chosen, or need to select other activities as you progress in this course, please contact your marker or teacher for assistance.
- You must complete a minimum of 5 hours in **each of the dimensions**.
- The **vast majority** of your hours must be instructed by a person trained to instruct the activity
- Parents may only supervise specific types of activity which need to be pre-approved by the teacher. A maximum of 2 parent provisions may be used in the entire course (maximum of 2 dimensions).

Remember that the vast majority of your activities MUST be instructed by a person over the age of 18 who is trained to instruct the activity. NCCP coaches, physical education teachers, AFLCA fitness instructors and Red Cross lifeguards, and competitive athletes (college level) are examples of people who fit this description.

****You may not know the name of the supervisor; however you can describe 'who' the supervisor is. Examples:**

Instructed or Not Instructed	Activity	Anticipated Supervisor Title/Qualifications, **Name (if known)	Facility (majority of hours) or name of organized activity group
I	Hockey	Barrhead Steelers or Renegades Head Coach (tryouts ongoing)	Barrhead Minor Hockey Association, Practices/Home Games: Barrhead Arena
I	Yoga	Drop in class instructor, will vary	Yoga Express: 1 hour drop in classes
I	Swimming	Barrhead Aquatic Centre Bronze Medallion Instructor (Name unknown)	Barrhead Aquatic Centre, Bronze Medallion Program
N	Hiking/Cycling/Jogging	MapMyFitness App, Parent will verify student Data (Provision in course)	Various routes near/thru Kinsmen Park or within 5 miles of home.
I	Weights/Cardio	Personal trainer to set up workout plan (AFLCA certified) Workout Request form not attached at this time (set to meet on Jan. 15) trainer name unknown	Workouts done at YMCA southside, front desk staff

Activity Dimension 1 – Outdoor Activities / Alternate Environment				
Instructed or Not Instructed	Activities	Estimated Hours	Anticipated Supervisor Title/Qualifications, Name (if known)	Facility (majority of hours) or name of organized activity group
	Backpacking/Hiking			
	Canoeing/Kayaking			
	Cross Country Skiing			
	Cycling			
	Downhill Skiing/Snowboarding			
	Ice Skating			
	Lifesaving (Bronze Cross program)			
	Orienteering			
	Snowshoeing			
	Swimming/Aquatics			
	Scuba Diving/Snorkeling			
	Wall Climbing			
	Water Safety			
	Other:			
	Total Hours			

Activity Dimension 2 – Dance				
Instructed or Not Instructed	Activities	Estimated Hours	Anticipated Supervisor Title/Qualifications, and Name (name may not be known)	Facility (majority of hours) or name of organized activity group
	Ballet/Contemporary			
	Ballroom/Social			
	Dance based Fitness classes (Zumba)			
	Jazz (traditional, hip hop, funk)			
	Multicultural			
	Rhythmic/Creative			
	Tap			
	Other:			
	Total Hours			

Activity Dimension 3 – Flexibility/Core Development				
Instructed or Not Instructed	Activities	Estimated Hours	Anticipated Supervisor Title/Qualifications, and Name (name may not be known)	Facility (majority of hours) or name of organized activity group
	Pilates			
	Rhythmic Gymnastics			
	Tai Chi			
	Yoga			
	Dynamic Stretching			
	Artistic Gymnastics			
	Stretching/Core as part of team or group activities			
	Other:			
	Total Hours			
Activity Dimension 4 – Games				
Instructed or Not Instructed	Activities	Estimated Hours	Anticipated Supervisor Title/Qualifications, and Name (name may not be known)	Facility (majority of hours) or name of organized activity group
	Badminton			
	Basketball			
	Billiards			
	Bowling			
	Curling			
	Football			
	Golf			
	Hockey (floor/field/ice)			
	Lacrosse			
	Ringette			
	Rugby			
	Soccer			
	Softball/Baseball			
	Squash/Racquetball			
	Table Tennis			
	Team Handball			
	Tennis			
	Volleyball (court/beach)			
	Other:			
	Total Hours			

Activity Dimension 5 – Individual Activities				
Instructed or Not Instructed	Activities	Estimated Hours	Anticipated Supervisor Title/Qualifications, and Name (name may not be known)	Facility (majority of hours) or name of organized activity group
	Circuit Training/Fitness Activities			
	Cross Fit			
	Cycling (Stationary Bike)			
	Fitness Classes (Ex: Boot Camp)			
	Inline Skating			
	Jogging (land/treadmill, etc)			
	Lap Swimming			
	Martial Arts Training (non head contact)			
	Self-Defense class			
	Skiing			
	Step Machine/Elliptical			
	Conditioning practices			
	Track and Field events			
	Walking			
	Weight Training			
	Wrestling			
	Other:			
	Total Hours			

Remember that you need a minimum of 70 total Activity hours (minimum of 5 hours in each dimension). Provide your estimated totals below. Total should be in the range of 70-80 hours

Dimension	Outdoor Activities	Dance	Flexibility	Games	Individual	Total
Estimated Hours						

There is a minimum of 10 hours of volunteering requirement in this course. The volunteering must be in an activity which promotes physical activity.

Where will you complete the 10 hours of Volunteer work? What will be your role be at your volunteer placement?	Who will supervise your volunteer hours at your volunteer location?
--	---

I agree to comply with this proposal. If changes are necessary, I will consult with my marker or teacher.

Student Signature:		Date:	
I have read the above outline, and I agree that it is a sound proposal for the student at this time.			
Parent/Guardian Signature:		Date:	