

## CATEGORY D

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### **SUBJECT:**

### **INDIVIDUAL SPORTS**

#### **OBJECTIVE(S)**

To encourage, recognize and reward participation in individual sports.  
To emphasize the importance of physical fitness.

#### **PREREQUISITES**

Has been a member in good standing of a recognized club or organization for at least 12 months but not more than 2 years prior to certification.

#### **INSTRUCTORS/EVALUATORS**

- Official of the club or organization to which the candidate belongs.
- School coaches or physical education teachers.
- Professional or specialist in the chosen sport.

#### **REFERENCES AND MATERIALS**

- Local Libraries (relevant books).
- Local schools.
- Sports Federations or Associations.
- Internet.

#### **CONTENT**

The candidate must actively participate in an individual sport.

*Examples:*

Archery	Diving	Hang Gliding	Running	Tennis
Baton Twirling	Disc Sports	Judo	Riding	Weight Lifting
Badminton	Fencing	Karate	Sailing	Tae Kwon Do
Body Building	Fishing	Motorcross Racing	Skating	Table Tennis
Boxing	Figure Skating	Mountaineering	Skiing	Wrestling
Curling	Golf	Power Lifting	Skeet Shooting	etc.
Cycling	Gymnastics	Racquetball	Squash	
Darts	Handball	Rowing	Track & Field	

#### **DURATION**

Minimum of 12 consecutive months.

#### **CERTIFICATION**

The candidate must:

- a) be an active member;
- b) have turned out regularly (to the satisfaction of the sport officials) to practices, meetings, training sessions, etc. during the season;

- c) know all the rules, regulations, safety precautions and equipment required for this sport;
- d) have shown, in the judgment of the sport officials, a sincere interest and effort throughout the regular season;
- e) have shown an acceptable skill level and ability relevant to their age, experience and physical potential.

**CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT**

**INDIVIDUAL SPORTS**

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Instructor qualifications: \_\_\_\_\_

I certify that

\_\_\_\_\_ of \_\_\_\_\_  
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

\_\_\_\_\_  
Instructor/Evaluator (signature) Date

\_\_\_\_\_  
Divisional Superintendent (signature) Date