

CATEGORY D

SUBJECT:

PHYSICAL FITNESS

OBJECTIVE(S)

To encourage and recognize active participation in physical fitness activities.

PREREQUISITES

It is recommended that candidates obtain a medical form from their doctor.

INSTRUCTORS/EVALUATORS

Part A

- Physical education teachers
- Sports coaches

Part B

- First Aid Instructors

REFERENCES AND MATERIALS

- Local schools
- Appropriate Federal, Provincial, or Municipal Government, agency or department dealing with health and fitness
- Sports Federations, Associations, or Organizations
- Local libraries (relevant books)
- St. John Ambulance publications
- Internet

CONTENT

A. Candidates must satisfy the Instructors/Evaluators in *three* of the following eight categories:

1. *Running*

- shuttle run
- 50 meter sprint
- endurance run

2. *Activities*

- sit-ups
- push-ups
- standing long jump
- triple jump
- throwing a ball

3. *Dancing, skipping and agility:*

Satisfactorily meets relevant requirements in a school program.

5. *Games:*

Be a reasonably good performer in at least one sports game and be familiar with the rules of play.

6. *Swimming:*

- Free style
- Breast
- Back crawl
- Front crawl

7. *Skating:*

- Smooth, easy stride.
- Backwards the length of a regulation size rink.
- Cut corners.
- Right and left.
- Crossing feet and backwards.
- Skating forward.
- Change to backward.
- Turning right and left and then change to forward again.

8. *Skiing:*

- Snow plough
- Snow plough turns
- Kick turns
- Traversing a hill
- Stem turn

B. Candidates must have an understanding of the following common sporting injuries and the proper first aid application:

- headaches
- indigestion
- blisters
- fungal infections
- drowning
- exposure
- dehydration
- cramps

DURATION

Undetermined.

CERTIFICATION

As per above-mentioned content description.

CATEGORY D - SPORTS & PHYSICAL FITNESS

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

PHYSICAL FITNESS

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