Roots 2019-2020 Physical Education Program

Goal: Provide a physical education program with qualified instructors for home education students to enhance their family's home education program. There will be age appropriate activities for each age group, with the goal of improving fitness, providing instruction and practice in team sports, developing good sportsmanship and having fun.

Session #1 Dates Registration Dead	Activity line for Session #1 is September	Location & Time r 15 th	Comments								
Fridays: September 27 October 4,11, 18 & 25 November 1	InjaNation Fashioned after a shift in the fitness industry towards functional movement as seen in obstacle course racing and on American Ninja Warrior. Ages 5 and up	InjaNation Unit 102, 52 Areo Dr. NE 1-3 pm (2 hours classes)	Includes 1 pair of grip socks to be worn each week. please wear loose comfortable clothing to allow for movement and flexibility. A waiver MUST be completed for each child attending prior to the first day of classes if they have not been to InjaNation before. https://lilypadpos6.com/inja/onlinewaiver/waiver.php?sid=314166.								
Registration Dead	line for Session #2 Gymnastics	October 21st									
Fridays: November 8, 15, 22 & 29	Gymnastics Instructional given in a wide variety of the gymnastics apparatuses. Ages 4 and up	Pegasus Gymnastics 11166 42 St SE, Calgary 1-2:30pm (1.5 hour classes)	A \$5 insurance fee is required to be paid on the first day of classes for each student, over and above the registration fee (this cannot be paid from funding).								
Registration Deadline for Winter Swim Week November 5th & Spring Swim Week April 9th											
December 2-6 th 1:30-2:30pm May 11-15 10:30 – 11:30am	Winter Swim Week A full week of swimming lessons. Spring Swim Week A full week of swimming lessons. Note morning lessons Ages 4 and up	Acadia Pool 9009 Fairmount Dr SE Calgary	Acadia has the Swim to Survive program. Complete a swim ability form and return to office along with registration form.								
Registration Dead	line for Session #3 Parkour is S	unday January 12 th									
Fridays: January 17, 24, 31 February 7,14, 21, 28 March 6	Parkour The activity or sport of moving rapidly through an area, typically in an urban environment, negotiating obstacles by running, jumping, and climbing. Ages 6 and up line for Session #4 Kickboxing:	Breath Parkour 12:30-2:30 PM FULL 10AM – 12pm OPEN (2-hour sessions) #8 - 401 33 Street NE Calgary Located inside the Calgary Central Sportsplex	Clean indoor shoes are required and please wear loose comfortable clothing to allow for movement and flexibility.								
		-									
Thursdays: March 12, 19,26 April 2, 9 & 16 Spring Swim Week	Muay Thai Kickboxing Students will learn general fitness, coordination, agility and flexibility Ages 6 and up May 11-15 see details above	Araishi Do Martial Arts 1-2 PM 101-C, 1120 53 Ave. N.E	Please wear loose fitting shorts and t-shirts (change area is provided). No shoes or socks are worn during class time. Bring a labeled water bottle.								

- **Locations**: Please make sure you to check the locations for each session vary.
- **Time:** Classes run on Thursday or Friday afternoons, see comments on the first page for specific times for each session. On the first day of each session, parents and students are asked to come <u>fifteen minutes early</u> to go over any rules or paperwork needed for the start of a new activity. At all times students need to be dressed and ready for class to start at 5 minutes prior to the start time, unless otherwise noted. Being prompt allows all the students to benefit the most from these programs.
- **Deadline for registrations:** InjaNation September 15th, Gymnastics October 21st, Winter Swim Week November 5th, Parkour & Kickboxing December 5th, Spring Swim Week April 9th. **It's helpful if you can register once for all your sessions.**
- **Classes:** For most classes, students are assigned to their classes according to their age. If any class assignments need to be changed, parents will be consulted.
- **Health Concerns:** The attached forms ask for student's personal health information, so staff can adequately prepare any necessary modifications to their program. Note that this information will be passed on to class instructors to be used only for the purpose of instructing physical education classes safely. The onus is on parents to provide adequate information about the special medical needs of their children.
- **Tuition:** We need a minimum of students for all activities; if a class needs to be cancelled, we will notify you. Families have the option to sign up for the whole year or for any combination of activities.
- **Dress:** Have your child dress appropriately for a PE class. Students need to wear shorts or jogging pants, T-shirts, socks, and clean shoes with non-marking soles.
- **Helpful items:** All students are strongly encouraged to bring a water bottle clearly labeled with their name and contact information. Do not leave items unattended at any of the venues.
- Parents Housekeeping: (1) We need your assistance in ensuring that your children are at class on time and picked up at the end of each session on time. This allows the classes to start in a timely manner. (2) Parents are responsible for transporting and supervising their children at all times while the child is not in class.

 (3) There are no refunds unless a class must be cancelled due to lack of students.
- **Students**: Roots reserves the right to make final decisions regarding the acceptance of any student into the program. Students who do not demonstrate an attitude of cooperation and willingness to respect the rights and property of others will be dismissed after two warnings are issued. There will be no refund.

Mail signed forms (pages 3, 4, 5 & 6) and funds, if needed, to:

Roots Home Education
P.O. Box 68098 Crowfoot PO
Calgary, AB T3G 3N8

Or e-mail: office@rootshomeed.com



PE Registration Form for 2019-2020

	Family Name:	
レ ー	Our family is: Other	
First Studen	t:	
Date of Birth	n:/ Grade: Alberta Health Care #:	
Health conc	erns:	
Second Stud	ent:	
Date of Birth	n:/ Grade: Alberta Health Care #:	
Health conc	erns:	
Third Studer	nt:	
Date of Birth	n:/ Grade: Alberta Health Care #:	
Health conc	erns:	
Fourth Stude	ent:	
Date of Birth	n:/ Grade: Alberta Health Care #:	
Health conc	erns:	
Contact Info	ormation:	
Parent Name	e: Parent Cell:	
Emergency	Contact Name & Phone #	
Christian Sch individual or	the applicant. I understand that TFH society and its branches Roots Home Education/The Father's Hou ool, at all organizational levels, will not be held responsible for accidents, injury, loss or damage to an any individual's property. I agree the applicant is in good health and able to participate in the physical s program. In the event the applicant is injured, I give permission for a staff member or parent voluntee attention.	
Signature of	Parent or Guardian: Date signed:	_

Family Information Form

To be completed by all Non-Roots families

Parents Names:		
Address:		
Postal Code:	-	
Home phone:	E-mail Address:	
The above information collected will be used solely applicable, to issue a receipt.	for registration for the Roots PE program and, if	
Please let us know, how did you hear about the Roo	ots PE program?	

To help cover administrative costs an additional \$20/session or \$50/year will be applied to all non-Roots families who are registering students in the Roots gym program.

Family Name: Page 5	5	
InjaNation (registration deadline September 15 th) Ages 5 and L	J <u>p</u>	
I'm registering	in InjaNation	X \$165 = \$ # of students
Name of student/s		# of students
Gymnastics (registration deadline October 21 st) Ages 4 and Up		
I'm registering	in Gymnastics	X \$70 = \$
Name of student/s A \$5/student insurance fee will need to be paid in cash on th		
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Winter Swim Week (registration deadline November 5 th) Ages 4 a	and Up	
I'm registering	in Swimming (ages 6 and up)	X \$40 = \$
I'm registering	_ in Swimming (ages 4-5)	# of students X \$50 = \$
		Swim Week = \$
I have completed the swim ability for each child registered (found at the	ne end of this registration form)	
Parkour Ages 6 and Up for 10am – 12pm class (registration Dea	adline Sunday January 12 th)	
I'm registering	in Parkour	X \$145 = \$
I'm registeringName of student/s		# of students
Kickboxing (registration deadline December 5 th) Ages 6 and Up		
THE PROPERTY OF THE PROPERTY O	•	
I'm registering in Kickb	poxing	X \$90 = \$
Participant Names		# of Participants
Spring Swim Week (registration deadline April 9 th) Ages 4 and U	<u>Jp</u>	
I'm registering	_ in Swimming (ages 6 and up)	X \$40 = \$
Name of student/s		# of students
I'm registering	_ in Swimming (ages 4-5)	# of students X \$50 = \$
Name of student/s		# of students
	Total for Spri	ng Swim Week = \$

Family Name:

Activity Name	Total for Each Activity				
InjaNation	\$				
Gymnastics					
Winter Swim Week	\$				
Parkour					
Kickboxing					
Spring Swim Week	\$				
Non-Roots family administrative fee. See page 4 for more information. \$20/session Xor \$50/ full year # of sessions	\$				
Final Total:	\$				

,, ,, ,	\$										
\$20/session Xor \$50/ full year											
# of sessions											
# 01 262210112											
	\$										
Final Total:	Ť										
Total amount to be deducted from Roots family funding for students in grades 1-12	& registered with Roots:										
I authorize Roots to deduct the above amount for payment for the 2019/2020 physic	al education program.										
Signature of Parent or Guardian:											
Signature of Parent of Guardian.											
Diago print Darent or Cuardian name											
Please print Parent or Guardian name:											
Date signed:											
Date signed.											
0 D											
OR											
Total amount would be analysed shows an earth in a transfer to a transfer of a constant											
Total amount paid by enclosed cheque or sent via e-transfer to e-transfers@rootsh	omeed.com (use security answer										
Roots2019):											
	Office Use Only										
	,										
(Payment must be made in full for registration to be accepted)	Date received:										
	Date received.										
	Date entered:										
	Payment cheque:										
	Payment E-transfer:										

Police check received: ____

Swimming Ability Form

Name of Parent/Guardian:	Please indicate any special needs or disabilities:	My child has participated in the Red Cross, YMCA or Other Swim Program (please indicate the program name and swim level completed):	I am unsure of the last swim level my child has completed	My child has never taken swim lessons before				LIFESAVING SOCIETY*					Lifesaving Society Swim Program:	Please indicate what level your child should be registered into:	School:	Student name:
	25:	ACA or Other Swim P	completed	Commence in necessary	7	Please note that where the focus	Swim Patrol (Roo	Swimmer 4	Swimmer 1	For Grade School Students only	Preschool 4	Preschool 1	For Kindergarten Students only:	e registered into:	Teacher:	Age:
		rogram (please indi		÷		children above Swim will be on Stroke Cor	Swim Patrol (Rookie, Ranger, Star)	Swimmer 5	Swimmer 2	Students only:	Preschool 5	Preschool 2	Students only:			Home Room#:
		cate the program name a				nmer 6 will participate in rrection, Water Proficienc		Swimmer 6	Swimmer 3		I	Preschool 3				
CALCARY		and swim level completed):				Please note that children above Swimmer 6 will participate in a stroke development class where the focus will be on Stroke Correction, Water Proficiency, First Aid and Rescue Skills	The second second	record for the mac day on leasons.	your child's previous accomplishm	of the student. *If possible, please bring in a copy	*Levels do not indicate age or grace	ability, for their personal safety an	ensure your child is placed in a lev appropriate for his/her swimming	*Evaluation of your child will occu on the first day of lessons. This is	Notes:	