

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 Activity Location & Time Comments

Registration Deadline for Session #1 is September 15th

| | | | |
|------------------------|--|--------------------------|--|
| Fridays: | <u>InjaNation</u> | | 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/online/waiver/waiver.php?sid=314166 . |
| September 27 | Fashioned after a shift in the fitness industry towards functional movement as seen in obstacle course racing and on American Ninja Warrior. | InjaNation | |
| October 4, 11, 18 & 25 | | Unit 102, 52 Areo Dr. NE | |
| November 1 | Ages 5 and up | 1-3 pm (2 hours classes) | |

Registration Deadline for Session #2 Gymnastics October 21st

| | | | |
|-------------------------|--|-----------------------------|--|
| Fridays: | <u>Gymnastics</u> | | 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). |
| November 8, 15, 22 & 29 | Instructional given in a wide variety of the gymnastics apparatuses. | Pegasus Gymnastics | |
| | Ages 4 and up | 11166 42 St SE, Calgary | |
| | | 1-2:30pm (1.5 hour classes) | |

Registration Deadline for Winter Swim Week November 5th & Spring Swim Week April 9th

| | | | |
|----------------------------|--|----------------------|--|
| | <u>Winter Swim Week</u> | | |
| December 2-6 th | A full week of swimming lessons. | | Acadia has the Swim to Survive program. |
| 1:30-2:30pm | | | |
| | <u>Spring Swim Week</u> | | |
| May 11-15 | A full week of swimming lessons. Note morning lessons | Acadia Pool | <i>Complete a swim ability form and return to office along with registration form.</i> |
| 10:30 – 11:30am | | 9009 Fairmount Dr SE | |
| | Ages 4 and up | Calgary | |

Registration Deadline for Session #3 Parkour is Sunday January 12th

| | | | |
|------------------------|--|---|---|
| Fridays: | <u>Parkour</u> | | |
| January 17, 24, 31 | The activity or sport of moving rapidly through an area, typically in an urban environment, negotiating obstacles by running, jumping, and climbing. | Breath Parkour | Clean indoor shoes are required and please wear loose comfortable clothing to allow for movement and flexibility. |
| February 7, 14, 21, 28 | | 12:30-2:30 PM FULL 10AM – 12pm OPEN | |
| March 6 | Ages 6 and up | (2-hour sessions) | |
| | | #8 - 401 33 Street NE | |
| | | Calgary | |
| | | Located inside the Calgary Central Sportsplex | |

Registration Deadline for Session #4 Kickboxing is by December 5th

| | | | |
|-------------------|--|-------------------------|--|
| Thursdays: | <u>Muay Thai Kickboxing</u> | | 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. |
| March 12, 19, 26 | Students will learn general fitness, coordination, agility and flexibility | Araishi Do Martial Arts | |
| April 2, 9 & 16 | Ages 6 and up | 1-2 PM | |
| | | 101-C, 1120 53 Ave. N.E | |

Spring Swim Week May 11-15 see details above

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: _____

Our family is:

☐ A Roots family☐ Other

First Student: _____

Date of Birth: ____/____/____ Grade: ____ Alberta Health Care #: _____
Month Day Yr.

Health concerns: _____

Second Student: _____

Date of Birth: ____/____/____ Grade: ____ Alberta Health Care #: _____
Month Day Yr.

Health concerns: _____

Third Student: _____

Date of Birth: ____/____/____ Grade: ____ Alberta Health Care #: _____
Month Day Yr.

Health concerns: _____

Fourth Student: _____

Date of Birth: ____/____/____ Grade: ____ Alberta Health Care #: _____
Month Day Yr.

Health concerns: _____

Contact Information:

Parent Name: _____

Parent Cell: _____

Emergency Contact Name & Phone # _____

Please enroll the applicant. I understand that TFH society and its branches Roots Home Education/The Father's House Christian School, at all organizational levels, will not be held responsible for accidents, injury, loss or damage to an individual or any individual's property. I agree the applicant is in good health and able to participate in the physical activity of this program. In the event the applicant is injured, I give permission for a staff member or parent volunteer to seek medical 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 for registration for the Roots PE program and, if applicable, to issue a receipt.

Please let us know, how did you hear about the Roots 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: _____

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InjaNation (registration deadline September 15th) Ages 5 and Up

I'm registering _____ in InjaNation _____ X \$165 = \$ _____
Name of student/s # of students

Gymnastics (registration deadline October 21st) Ages 4 and Up

I'm registering _____ in Gymnastics _____ X \$70 = \$ _____
Name of student/s # of students

A \$5/student insurance fee will need to be paid in cash on the first day of classes November 8th

Winter Swim Week (registration deadline November 5th) Ages 4 and Up

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) _____ X \$50 = \$ _____
Name of student/s # of students

Total for Winter Swim Week = \$ _____

I have completed the swim ability for each child registered (found at the end of this registration form) ☐

Parkour Ages 6 and Up for 10am – 12pm class (registration Deadline Sunday January 12th)

I'm registering _____ in Parkour _____ X \$145 = \$ _____
Name of student/s # of students

Kickboxing (registration deadline December 5th) Ages 6 and Up

I'm registering _____ in Kickboxing _____ X \$90 = \$ _____
Participant Names # of Participants

Spring Swim Week (registration deadline April 9th) Ages 4 and Up

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) _____ X \$50 = \$ _____
Name of student/s # of students

Total for Spring Swim Week = \$ _____

I have completed the swim ability for each child registered (found at the end of this registration form) ☐

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 X _____ or \$50/ full year # of sessions | \$ |
| Final Total: | \$ |

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 physical education program.

Signature of Parent or Guardian: _____

Please print Parent or Guardian name: _____

Date signed: _____

ORTotal amount paid by enclosed cheque or sent via e-transfer to e-transfers@rootshomeed.com (use security answer Roots2019):

(Payment must be made in full for registration to be accepted)

Office Use Only

Date received: _____

Date entered: _____

Payment cheque: _____

Payment E-transfer: _____

Police check received: _____

Swimming Ability Form

Student name: _____

Age: _____ Home Room#: _____

School: _____

Teacher: _____

Please indicate what level your child should be registered into:

Lifesaving Society Swim Program:

For Kindergarten Students only:

Preschool 1 _____ Preschool 2 _____ Preschool 3 _____

Preschool 4 _____ Preschool 5 _____

For Grade School Students only:

Swimmer 1 _____ Swimmer 2 _____ Swimmer 3 _____

Swimmer 4 _____ Swimmer 5 _____ Swimmer 6 _____

Swim Patrol (Rookie, Ranger, Star) _____

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



Please check below if applicable and provide comments if necessary.

My child has never taken swim lessons before _____

I am unsure of the last swim level my child has completed _____

My child has participated in the Red Cross, YMCA or Other Swim Program (please indicate the program name and swim level completed): _____

Please indicate any special needs or disabilities: _____

Name of Parent/Guardian: _____

Notes:

*Evaluation of your child will occur on the first day of lessons. This is to ensure your child is placed in a level appropriate for his/her swimming ability, for their personal safety and so that they may experience success.
*Levels do not indicate age or grade of the student.
*If possible, please bring in a copy of your child's previous accomplishment record for the first day of lessons.