

Earl Haig Physical and Health Education Summative 20/30/40 CHOOSE YOUR OWN FITNESS ADVENTURE

Objective: To participate in a physically active structured organized event that will contribute to lifelong health and well-being.

Criteria: The event...

MUST	MAY NOT BE
<ul style="list-style-type: none">• have a defined start and finish• involve prolonged sustained physical activity• <u>be approved by your teacher</u>	<ul style="list-style-type: none">• a school or club organized sport/class (ie: dragon boat practice, club game/tournament, etc.)• unstructured physical activity (ie: individual workout at the gym, drop in sports, swimming laps, etc.)

Activity suggestions: (not limited to the listed items)

- Yoga/fitness class
- Round of golf (no carts!)
- Tree Top Trekking
- Indoor Triathlon
- Dance class
- Run/walk race (5km/10km)
- Adventure race (Mudrun/Obstacle Course)
- Rock Climbing lesson

Event suggestions:

You may use the suggestions below or research and find your own event to participate in. All events must be approved by your teacher prior to participation.

- 1. Goodlife Classes – Free (usually)**
Ask them if you can try out a work out class, they will usually give out guest passes for free.
- 2. Run/walk Races**
<http://www.runguides.com/toronto>
- 3. Tree Top Trekking**
<http://treetoptrekking.com>
- 4. Mudruns and Obstacle Courses**
<http://www.mudrunguide.com>
<https://www.mudgirlrun.com/>

Evidence of completion:

You must submit at least 2 of the following as evidence that you completed the event:

- Registration/waiver
- Results/score card
- Pictures of you performing activity (at least 3)
- Verification sheet (Can be downloaded from “Phys. Ed Downloads” on Earl Haig website)

EVALUATION: 20 marks. You will be evaluated based on your submission of the following:

- Planning: Pre-event proposal (5 marks)
- Execution: (15 marks)
 - Participation in the event
 - Evidence of completion



Name: _____

Grade: _____ Teacher: _____

PLANNING: PRE-EVENT PROPOSAL

SUBMIT THIS SHEET WITH YOUR EVIDENCE OF COMPLETION

FAILURE TO RECEIVE TEACHER APPROVAL PRIOR TO PARTICIPATION IN YOUR EVENT MAY RESULT IN A MARK OF ZERO!

Proposal Submission Date: _____ **Event Date:** _____

Once you have decided on an event, fill in the information below to receive approval.

1. Name of the event: _____

2. Website URL of event: _____

3. Location/address of the event: _____

4. Time of event: _____ Cost: _____

5. Total time in **sustained** physical activity: _____

6. Brief description of what your activity entails: _____

7. Outline and explain in detail two reasons why you decided to participate in this event.

i) _____

ii) _____

PARENT/GUARDIAN APPROVAL: Discuss your activity with your parents as they will need to approve of your participation in your chosen event.

Parent/Guardian Name

Signature

Phone #

Teacher Signature: _____ **Date Approved:** _____

Name: _____

Grade: _____ Teacher: _____



VERIFICATION OF PARTICIPATION

YOU MUST PRINT THIS SHEET.

A HARD COPY MUST BE SUBMITTED. NO DIGITAL COPIES WILL BE ACCEPTED.

Bring this sheet to your event so that a representative from that organization can verify your participation.

This is to verify that _____ has

Student name

successfully participated in the following event: _____ on
_____, 20____.

date

Contact Name: _____

(please attach business card if possible)

Contact Signature: _____

Contact Number: _____