WEST LOS ANGELES COLLEGE
Division of Kinesiology
Body Conditioning (1 Unit)

Course: KIN 329 Body Conditioning  Instructor: Mr. Marguet Miller  Section: 2439
Location: PECS A  Day/Time: M-W (11:10 am-12:35 pm)  Semester: SPRING 2015
Office Hours: M-W 9:00 am-10:30 am  Location: C-1 building  Email: millerm@wlac.edu

COURSE DESCRIPTIONS:
This course teaches physical fitness. It emphasizes aerobics, proper nutrition, flexibility, weight control and lifelong fitness habits. The heart is strengthened through aerobic exercise.

Student Learning Outcomes for Kinesiology 329
1. The student will be able to summarize general nutrition and diet information.
2. The student should be able to apply fitness activities for a healthy lifestyle.
3. The student will identify strength, endurance, and core development activities.
4. The student will employ functional strength training with fit balls, hand weights, and other unique tools that are effective ways to improve lean muscle mass with tremendous gains in balance and coordination.

Course Evaluation:  Letter Grades:
Attendance 30% (135 points)  90 – 100% A (423-470)
Class Participation 30% (135 points)  80 – 89% B (376-330)
Mid-term 20% (100 points)  70 -79% C (329-375)
Final 20% (100 points)  60 – 69% D (282-328)
(470 total points)  0 -59% F (0-281)

Grading Procedure:  Class Structure: (85 minutes)
27 graded class sessions (5 points per class)  Class Introduction (5 minutes)
27 graded sessions w/participation (5 points per class)  Physical Activity (50 minutes)
1 Mid-term (100 points)  Break/Clean-up (5 minutes)
1 Final (100 points)  Lecture (25 minutes)
**NO Class:** February 16 - President’s Day   April 4 & 6 - Spring Break   May 26 - Memorial Day

**General Course Outline:**
Week 1: Introduction to the various techniques of the course & Fitness Assessment
Weeks 2-7: Continue with overall body conditioning
Week 8: Mid-Term
Weeks 9-15: Continue with overall body conditioning

**Attendance and Participation:**
If you arrive late to class it will count as a tardy. Three tardies will result in one absence or a loss of five points (5 points) being deducted from your total grade.

**UNIFORM:**
Proper attire is required at all times:
A. Athletic or active shoes – No sandals, open toed shoes, boots, or heels allowed.
B. Shorts or sweats only – No jeans, casual pants, or cut-offs.
C. Sweatshirts, T-shirts, and full coverage tanks must be worn at all times. Absolutely no string tanks or minimal coverage cut-up shirts. Shirts must be worn at times. Clothing with wording or pictures that are considered obscene will not be allowed.

**DROPS:**
According to college policy, you may be excluded for excessive absences or for not following the standards of student conduct (printed in the Schedule of Classes). If you drop the course, be sure to do so at the Admission’s Office. If you drop this course on-line, print and keep your confirmation number.

**Disabled Students Programs & Services**
Students who have special needs because of physical, communication, or learning challenges are invited to visit the DSPS program office intake, and speak to a program representative about program eligibility and services.

**Academic Dishonesty**
Board Rule 9803.12 Dishonesty
Dishonesty, such as cheating, or knowingly furnishing false information to the College

**General Comments:**
All students are asked to respect all others in class (no swearing or cursing). Any student caught plagiarizing or cheating will be given a failing grade and reported to the Dean of Students for further disciplinary action. **NO CELL PHONES IN USE DURING THE CLASS PERIOD.**
(Fitness Assessment)  2/9/15 & 2/11/15

Name: ________________

*Warm-up {walk/jog around room}

**Upper Body:**

**Core:**

**Lower Body:**

Push-ups: _______  Sit-ups (60 sec): _______  Squats: _______

**Flexibility:**

**Cardiovascular:**

Sit & Reach: _________ 1-Mile: _______

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(Mid-Term)    4/1/15

**Upper Body:**

**Core:**

**Lower Body:**

Push-ups: _______  Sit-ups (60 sec): _______  Squats: _______

**Flexibility:**

**Cardiovascular:**

Sit & Reach: _________ 1-Mile: _______

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(Final Exam)        5/27/15

**Upper Body:**

**Core:**

**Lower Body:**

Push-ups: _______  Sit-ups (60 sec): _______  Squats: _______

**Flexibility:**

**Cardiovascular:**

Sit & Reach: _________ 1-Mile: _______
Name: ______________________

1) Describe your workout history during the past year: Please Circle
   Aerobic training: often seldom none
   Weight training: often seldom none

2) What would you like to:
   Improve: _______________________________________________
   Reduce: ________________________________________________
   Eliminate: ______________________________________________

3) Do you have any medical limitations?
   _______________________________________________________

4) Are you under the care of a physician or rehabilitation specialist?
   _______________________________________________________

5) Personally, what goal would you like to achieve in this class?
   _______________________________________________________

6) Has a doctor ever informed you of a heart condition and recommended only medically supervised
   physical activity? Yes_____ No_____

7) Do you have chest pain brought on by physical activity? Yes____ No____

Medical History: Please check all conditions that apply.
   _____ Heart Disease or Stroke If yes, are you taking medication _____
   _____ Cancer If yes, are you taking medication _____
   _____ Arthritis If yes, are you taking medication _____
   _____ Lung Disease If yes, are you taking medication _____
   _____ Pregnant