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 Objectives 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:  

<table>
<thead>
<tr>
<th>Attendance</th>
<th>30% (135 points)</th>
<th>Letter Grades:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Participation</td>
<td>30% (135 points)</td>
<td>90 – 100% A</td>
</tr>
<tr>
<td>Mid-term</td>
<td>20% (100 points)</td>
<td>80 – 89% B</td>
</tr>
<tr>
<td>Final</td>
<td>20% (100 points)</td>
<td>70 – 79% C</td>
</tr>
</tbody>
</table>

(470 total points)

Grading Procedure:

27 graded class sessions (5 points per class)
27 graded sessions w/participation (5 points per class)
1 Mid-term (100 points)
1 Final (100 points)

Class Structure: (85 minutes)

Class Introduction (5 minutes)
Physical Activity (50 minutes)
Break/Clean-up (5 minutes)
Lecture (25 minutes)
**NO Class:** February 17 -President’s Day  
April 7 & 9 - 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.

**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)  2/10/14 & 2/12/14

Name: ____________________

*Warm-up (walk/jog around room)

<table>
<thead>
<tr>
<th>Upper Body:</th>
<th>Core:</th>
<th>Lower Body:</th>
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<tbody>
<tr>
<td>Push-ups:</td>
<td>Sit-ups (60 sec):</td>
<td>Squats:</td>
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### Flexibility:

<table>
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<th>Cardiovascular:</th>
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<tbody>
<tr>
<td>Sit &amp; Reach:</td>
</tr>
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(Mid-Term)  4/2/14

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(Final Exam)  5/28/14

<table>
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</tr>
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</table>
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 ____
   ____ Pregnant                 If yes, are you taking medication ____
   ____ Arthritis                If yes, are you taking medication ____
   ____ Lung Disease             If yes, are you taking medication ____