

**FLOOR EXERCISE**  
**PE 18**  
FALL 1998  
REEDLEY COLLEGE

INSTRUCTOR: SHANNON VESSUP  
OFFICE: PE 319  
PHONE: 638-0344  
OFFICE HOUR: Mon/Wed 11:00am Tue 10:00am

**COURSE DESCRIPTION:** The primary emphasis of this class will be to increase the muscular endurance and strength of the participant. Students will learn where the major muscles of the body are located, and how to contract and work these major muscle groups with correct body alignment. A secondary emphasis of this class will be to develop flexibility and to encourage participation in regular aerobic activity.

**COURSE OBJECTIVES:**

1. For students to increase his/her knowledge of muscular anatomy, strength and muscular endurance training principles and techniques, and the role of strength and muscular endurance in obtaining over-all physical fitness.
2. For the student to increase his/her strength/muscular endurance utilizing his/her own body with limited use of hand held weights and resistance tubing.
3. For the student to increase his/her flexibility by training for flexibility as well as performing muscle endurance exercises through full range of movement.
4. For the student to be able to evaluate muscular endurance/strength and flexibility improvements.

**COURSE RULES:**

1. Students will be required to dress out and participate in ALL class sessions.
2. Proper attire should be worn for comfort and ease of movement, unless otherwise notified by the instructor.  
Example: Shorts, T-shirts, spandex and supportive shoes.

Note: Selecting the proper shoe is very important in reducing the risk of injury to feet, knees, ankles and shins.

3. You may check out locks and lockers on the gym floor. locker rooms. Check with the attendant.
4. Report all injuries immediately!
5. You are encouraged to bring water bottles and towels to class. Hydration is very important.

**COURSE REQUIREMENTS:**

**Participation:** One half of your grade is based on participating during each class session. Three points will be deducted for each absence.

**Pre-test:** Students will be required to participate in endurance strength and flexibility tests. (This test will be conducted August 27<sup>th</sup>)

**Post-test:** The 2nd Endurance and Flexibility test will be conducted December 8, 1998.

**Mid-term:** Written exam on October 15, 1998.

**Final Exam:** Written Exam date on December 10, 1998.

**GRADING:**

Participation = 100pts

Skills tests = 25pts each for pre-test and Post-test of Endurance and Flexibility.

Mid-term = 25pts

Final Exam = 25pts

**GRADE DETERMINATION:**

A.....180+ points  
B.....179-160 points  
C.....159-140 points  
D.....139-120 points  
F.....119 or fewer points

**PHYSICAL DISABILITIES:**

Any students having physical disabilities must report them to the instructor in writing to prevent injury. Failure to notify will relieve the instructor and Kings River College of any liability.

**IMPORTANT DATE:**

● **October 16** is the nine week drop date. If you drop after this day, a letter grade will be assigned.

**\* IT IS THE STUDENTS RESPONSIBILITY TO UNDERSTAND THE DROP POLICY AS WRITTEN IN THE CLASS SCHEDULE.**

DEPARTMENT PHILOSOPHY: Our department will use a "concepts" approach to health and physical education, answering three (3) questions: Why is health and physical education important to every person? How to practice healthful activities given individual abilities and interests? What are the individual's real needs for lifetime fitness?

DEPARTMENT CHAIR: Michael White

DEPT. OFFICE 312/Ext 360

COURSE #:

COURSE TITLE:

FLOOR EXERCISE

COURSE DESCRIPTION:

Students may take any activity course at all levels in any combination a total of 4 times.

INSTRUCTOR:

OFFICE # /Ext

COURSE OBJECTIVES:

REQUIRED MATERIAL(S): Locks and lockers are not required, but recommended. Return locks/locker at end of semester to avoid a \$5.00 service fee. Appropriate attire and footwear must be worn for each activity class.

INJURY/DISCLOSURE: Report all pre-existing medical conditions to the instructor before exercising. Report all injuries to the instructor.

ATTENDANCE POLICY: You must participate and apply the knowledge/skills each class meeting, making "mastery attempts." 90% participation = A, 80% participation = B, 70% participation = C, 60% participation = D, 50% participation = F. (% of total possible student contact hours per semester.)

WRITTEN TESTS: There will be a minimum of two (2) written tests.

SKILLS TESTS: There will be a minimum of two (2) skills tests.

HOW YOUR FINAL GRADE WILL BE CALCULATED:

Participation. . . . .	50%	
Written Tests. . .25%		Skills Tests. . .25%
		= 100%

DROP POLICY: 18 week courses have a drop deadline of the 9th week. Short-term classes have a drop deadline of 4.5 weeks. However, you may be dropped by the instructor at any time after four (4) consecutive unexcused absences, within the first 9 weeks of instruction.

# Student Information Profile

Please fill in the following information, remove from the textbook, and give to your instructor:

Name \_\_\_\_\_ Rank: F/So/J/S/Grad/Other

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student I.D. No. \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Ideal Weight \_\_\_\_\_

Rate Your Fitness Level: SUPERIOR/EXCELLENT/GOOD/FAIR/POOR/VERY POOR—PRE  
SUPERIOR/EXCELLENT/GOOD/FAIR/POOR/VERY POOR—POST

Previous class or instruction in course: \_\_\_\_\_

Sports in which you participate/enjoy weekly: \_\_\_\_\_

Reason(s) for taking course: \_\_\_\_\_

Did anyone recommend this course or instructor? \_\_\_\_\_

If so, whom? \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Activity that you would especially like instructor to cover: \_\_\_\_\_

Heart rate: Resting \_\_\_\_\_ Training Zone \_\_\_\_\_

List any drug you take (that may alter your heart rate): \_\_\_\_\_

Do you desire to (circle) Gain lean weight / Lose fat weight / Stay same

Do you smoke? \_\_\_\_\_ If so, number of cigarettes per day: \_\_\_\_\_

Rate your alcohol consumption: Never/Daily/Other/ \_\_\_\_\_

List interest in music, favorite song, favorite artist \_\_\_\_\_

Other interests: \_\_\_\_\_

If age 35 or older, or have specific limitation: I have my doctor's written permission to participate.

Doctor's name and phone number: \_\_\_\_\_

**I have read and understand the responsibilities for participants and the instructor.**

\_\_\_\_\_  
Signature Date

- BODY SHAPING GOALS

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SHORT TERM GOALS

List the GOALS you wish to achieve by participating in this class. BE SPECIFIC.

In this column, give steps you will take to achieve the goals listed at left.

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Physical-

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Social/Emotional-

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LONG TERM GOALS- Beyond the Scope of this class  
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Physical-

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Social/Emotional-