

Kinetic Wellness Courses/Activities – Winnetka / Northfield Campuses

Student's Name _____ Grade Level 9 10 11 12 Date _____

Nature of Illness / Injury _____

Duration of the Modification Required (Date or weeks/months) _____

Elevator Pass Required? YES _____ NO _____ Through Date _____

(Please check the activities noted below that are appropriate for the student)

Kinetic Wellness Activity Classes	May participate	May not participate	Comments or Limits
Freshman Activity Courses*			
Soccer			
Tennis			
Flag Football			
LaCrosse			
Fitness Lab			
Swimming			
Weight Training			
Badminton			
*Freshmen have quarterly, 3-week Health units in CPR, Mental/Emotional Health, and Bullying/Harassment and Nutrition			
Sophomore Activity Courses			
<u>Sophomore Health</u> 9-233k Personal Fitness* unit: water sports, weights, aerobics, self-defense			
<u>Sophomore Activities</u> Tennis, Track, Softball, Volleyball, Basketball, Floor Hockey			
*Includes nutrition and stress management. A 9-week sex education class follows Personal Fitness			
Junior/Senior Activity Courses			
<u>Outdoor Education:</u> Rappelling, climbing, kayaking			
<u>Team Sports:</u> Flag Football, Soccer, Volleyball, Basketball, Badminton, Softball			
<u>Lifetime Activities:</u> Golf, Tennis, Fitness, Table Tennis, Badminton			
<u>Yoga & Self-Defense:</u> Yoga poses, kick-boxing			
<u>Lifeline (individualized fitness course):</u> Elliptical, recumbent bike, weights, jogging, power walking, tensor bands/tubes			
<u>Dance:</u> All types of movements, stretching for warm-ups			
<u>Leaders:</u> Teaching and participating in a wide variety of activities			
<u>Lifeguard Training</u> Swimming and life-saving techniques			

Physician Signature _____

Date _____

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(Please check the activities noted below that are appropriate for the student)

Fitness Center Activity	May Participate	May Not Participate	Comments or Limits
Free Weight Training – No Restrictions			
Free Weight Training – Upper Body Only			
Free Weight Training – Lower Body Only			
Cypex Weight Machines - Upper Body Only			
Cypex Weight Machines – Lower Body Only			
Core Strength / Flexibility Balls			
Tensor Bands / Dyna Bands Or Tubes			
Stationary Bicycle (Legs or arms only)			
Eliptical Machine (cardio machine)			
Stairmaster			
Rowing Machine			
Walking			
Jogging			
Flexibility / Stretching			
Rehabilitation Exercises (please provide)			
Portion of Current Activity Unit			

Additional Comments or Instructions:

Physician Signature _____

Date _____

Please feel free to contact us if you need further clarification. Return this form to New Trier via the student, parent or **FAX to 847-835-9852 @ Winnetka** and **847-784-3113 @ Northfield Health Services**.

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