

OHEYS “Teen Pool Group” – Autism Activity Program

NEW - Trial Run - Fall Session, 2011



- 1. Margaret Grant Pool - x5 Fridays 7:30 – 9:00 pm**
- 2. Bonivital Pool - x6 Saturdays 7:00 – 8:30**

This is a new idea for a group program with teens (age 11-19) on the autism spectrum. It is made possible by making good use of the new City of Winnipeg free ‘kid-only’ pool swim times. The City of Winnipeg regulation is that ONLY kids age 9-19 are allowed in the pool during this free pool time. What a great idea to promote more physical activity for this age group, so go on your own if you wish! We propose to offer a supported group program as follows.

ADDRESSING TEEN ISSUES IN AUTISM:

- ✓ Teens need to get more exercise; doing so in a group activity setting seems like a lot more fun.
- ✓ Teens need to participate successfully in more social groups. This includes more practice interacting with friends their own age. It means being prompted to interact successfully with others with play ideas and conversation in a risk-free environment. With a program specifically for this group, and qualified supporters to help facilitate the social component, participants can get more physically fit and socially successful.

1. FRIDAYS -- Margaret Grant Pool (1½ hrs 7:30 – 9:00 pm) - 1 pool (shallow & deep end), 1 slide. 685 Dalhousie Drive, Fort Richmond – Nov. 18 & 25 and Dec. 2, 9, 16 (pool is closed Nov 11 so later start).

Schedule = 1 hr swim with planned pool games and coordinated fun with friends, then everyone out/changed. Light healthy snack provided on-site (juice/fruit). We walk 1 block to McDonald's on Pembina for Hot Chocolate and hanging out/topic-based conversation/possibly some card games. Teens need to bring their own money to pay for Hot Chocolate. Parents drop off at the pool; pick up from McDonalds.
Cost = \$15/night x 5 = \$75.00

2. SATURDAYS -- Bonivital Pool (1 ½ hrs 7:00 -8:30pm) - 2 pools (shallow/lap swim), slide, hot tub, sauna. 1215 Archibald Street, St. Boniface - Saturday November 12, 19, 26 and December 3, 10, 17.

Schedule = 1 hr swim activities with kids in pool, then meeting room w/light healthy snack provided (juice/fruit), facilitated peer conversation, possibly some card games. We need to stay on-site as McDonalds/Tim's is too far to walk in winter unless we get several cars to drive there. Parents drop off and pick up at the pool.
Cost = \$15/night x 6 = \$90.00

ALL SESSIONS:

- ✚ Registration maximum is x12 participants with ASD age 11-19.
- ✚ Participants need to be verbal, able to share ideas & participate in (supported) conversations. Dress for the weather.
- ✚ Adult facilitator will be outside the water but in the pool area supervising activities. No adults allowed in pool.
- ✚ Additional male/female typical teen facilitators in the pool to play games & able to supervise change room.
- ✚ We are permitted to bring pool toys and games (sorry no water guns!) for group activities.
- ✚ Light Snack provided. Snacks from vending machines will be strongly discouraged.
- ✚ Small prizes awarded for exercise goals (eg. lap swim) and new activity ideas.
- ✚ Ask about participation of older typical siblings; it depends on the numbers.
- ✚ *A minimum number of participants is required to run each session.*

COST: See above. Includes supervision, light snack, teen club card, earned prizes and certificate.

TO REGISTER: Registration Form & Waiver attached. Email or scan/email to confirm. Mail payment.

Questions? email (preferred) bennettabenson@mts.net OR tel: 275-1498.

Supported by: OHEYS Autism Programs Registered Charity #86117 9083 RR0001
<http://optimalhealthearllyearssportsclub.wikispaces.com/> email: OHEYSAutismPrograms@mts.net

OHEYS "Teen Pool Group" – Fall 2011

Contact Information

NAME (as used by the teen/tween - print clearly): _____

Name for the Certificate: same as above or _____

Birthdate: _____ Age: _____ Grade: _____ Boy Girl

Level of swimming ability: strong swimmer moderate swimmer cannot swim

Life Jacket required: YES NO

Special interests and activities: _____

Parent(s) Names: _____

Address: _____ P/Code: _____

Tel (h): _____ Cell: _____ Other: _____

email (required): _____



Program Registration – Please Check

FRIDAYS -- Margaret Grant Pool (1½ hrs 7:30 – 9:00 pm) - 1 pool (shallow & deep end), 1 slide.

685 Dalhousie Drive, Fort Richmond – Nov. 18 & 25 and Dec. 2, 9, 16 (pool is closed Nov 11 so later start).

Schedule = 1 hr swim with planned pool games and coordinated fun with friends, then everyone out/changed.

Light healthy snack provided on-site (juice/fruit). We walk 1 block to McDonald's on Pembina for Hot Chocolate and hanging out/topic-based conversation/possibly some card games. Teens need to bring their own money to pay for Hot Chocolate. Parents drop off at the pool; pick up from McDonalds.

Cost = \$15/night x 5 = \$75.00

SATURDAYS -- Bonivital Pool (1 ½ hrs 7:00 -8:30pm) - 2 pools (shallow/lap swim), slide, hot tub, sauna.

1215 Archibald Street, St. Boniface - Saturday November 12, 19, 26 and December 3, 10, 17.

Schedule = 1 hr swim activities with kids in pool, then meeting room w/light healthy snack provided (juice/fruit), facilitated peer conversation, possibly some card games. We need to stay on-site as McDonalds/Tim's is too far to walk in winter unless we get several cars to drive there. Parents drop off and pick up at the pool.

Cost = \$15/night x 6 = \$90.00

THINGS YOU NEED TO BRING: Swimsuit/towel, own goggles, personal money (if desired), ideas to share with friends.

EMAIL NOTIFICATION IS REQUESTED -- Please email, then mail this application form to:

OHEYS Teen Pool Group, 61 Linacre Road, Winnipeg, Manitoba R3T 3G7

Cheque payable to: Bennetta Benson Tel: 275-1498

Website at wikispaces: <http://optimalhealthearlyyearsportsclub.wikispaces.com> email: OHEYSAutismPrograms@mts.net

Winnipeg Optimal Health Early Years Sports Club Registered Charity #86117 9083 RR0001

OHEYS Liability and Transportation Waiver 2011-12

Parent Agreement: Please read and sign the following waiver for your child/children's participation in the Winnipeg Optimal Health Early Years Sports Club "OHEYS Teen Pool Group" program:

1. While all reasonable precautions are taken to ensure the safety of my child while participating in this program its directors and coaches are hereby released from any and all liability in the event of any illness, accident or misfortunes that may occur to my child and/or his/her property while under the care of the directors, coaches and volunteers of the OHEYS program. My child is covered by Provincial health or equivalent medical insurance.
2. I give permission for my child to be transported by walking, car or van by program personnel to identified program-related locations for small group purposes.
3. My child will be dressed appropriately for the outdoor weather on any day he/she is participating in the program.

I have read and hereby agree with the above waiver.

Name of Child/Children: _____

Name of Parent/Guardian: (please print): _____

Signature of Parent/Guardian _____ Date _____

In case of emergency call (please list at least 2 contacts who will be available during the program):

1. _____ Parents/Guardians (as noted above and on the registration form).

2. Name: _____ Tel(h): _____ (w): _____

3. Name: _____ Tel(h): _____ (w): _____

Medical: M.H.S.C.#: _____ P.H.I.N.#: _____

Physician's Name: _____ Tel: _____

OHEYS Teen Pool Group, 61 Linacre Road, Winnipeg, Manitoba R3T 3G7 Tel: 275-1498

Website at wikispaces: <http://optimalhealthearlyyearssportsclub.wikispaces.com> email: OHEYSAutismPrograms@mts.net

Winnipeg Optimal Health Early Years Sports Club Registered Charity #86117 9083 RR0001