

**BCRPA, CFES, AFLCA, canfitpro, CALA
accredited**

Vertical Water Training – Fast Track Clinic

Tuesday, July 25 2017 from 8:30am – 5:30pm
Tumbler Ridge Community Centre 340 Front St., BC. V0C 2W0
Host Contact : Lindsey Roberts & Ann More, 250-242-4246



Presented by CALA Founder & President, Charlene Kopansky

Accreditation for the Clinic: 8 CALA, 4 FIS, PTS, OAS, 8 BCRPA, 8 CFES

Description: This Vertical Water Training Clinic sets the stage for leaders, coaches, post rehabilitation specialists, athletes and personal trainers to learn how to use water effectively in the design and the delivery of safe, productive and innovative water training sessions. The clinic is based on practical application of theory using an integrative approach to learning. CALA's holistic approach encourages the body to move, the mind to discover and the spirit to soar. This research based clinic includes the essential tools necessary to design and lead safe, effective vertical water training group classes; one on one sessions; water running classes; aqua kick box sessions and other programs in both chest deep and deep classes with bottom contact and in a suspended position.

Objectives:

- Learn base moves for chest deep and deep water.
- Intergrate verbal & visual cueing for power posture & exercise execution
- Practice integrating muscle names with joint actions and specific upper & lower body moves.
- Understand how resistance, buoyancy, hydrostatic pressure, turbulence & thermal conductivity affect exercise design & the physiological response to exercise.

Proposed Agenda : Tuesday July 25: 8:30am- 5:30pm

Active Dryland Theory: 8:30am – 10:30am	Energy Break & Change for Pool: 10:30am – 10:45am
Active Pool Session: 10:45am – 12:30pm	Change from Pool & Lunch: 12 :30pm – 1:30pm
Active Dryland Theory: 1:30pm – 3:15pm	Energy Break & Change for Pool: 3:15pm – 3:30pm
Active Pool Session: 3:30pm – 5:00pm	Change from Pool & Wrap Up: 5:00pm – 5:30pm

Fee: Registrations : \$330 + tax

Add \$26.25 for registration after July 15, 2017.

Payment options: e-transfer or direct deposit Visa credit card Mastercard credit card

Name: _____ Email: _____

Address: _____ City: _____ PCode: _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Credit Card #: _____ Expiry Date: _____

Signature: _____

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