KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Strength and Conditioning Assistant

Agency/Company: University of Calgary Swim Club

Location: University of Calgary, Main Campus

Terms Available: Fall or Winter

Number of Positions: 2

Specified Schedule: Within Monday – Friday, 4:30 – 7:00pm, and based on swimmers’ dryland schedule

Project Duties/Responsibilities:

The University of Calgary Swim Club is one of Canada's top competitive swim teams offering high quality professional coaching for all ages and abilities. The club consists of 400+ swimmers ranging from 6 years old in the development program to international swimmers in the competitive program.

Under the direction of the head strength coach, the practicum student will:

- Deliver strength and conditioning/injury prevention programs to developmental athletes (swimmers ages 12-17)
- Provide instruction on proper technique and ensure proper execution of all strength/injury prevention exercises including body weight squats, push-ups, hip hinge patterns and core exercises
- Modify and progress the strength and condition/injury prevention program as needed to meet the athlete’s needs. i.e. individualize program for certain swimmers, alter program depending on training phase and tapering
- Assist with monitoring peak height velocity – measuring seated height, standing height, and arm span
- Assist the head strength coach with delivery and supervision of weight program for national level swimmers as needed.

Required Student Qualifications:

- Completion of KNES 373 (Exercise Physiology)
- Interest in working with teenage athletes

Assets:

- KNES 375 (Tests & Measurements) an asset
- First Aid/CPR Certification an asset
- CSEP-CPT certification an asset

On-Site Supervisor: Nick Lapointe, CSEP-CEP, nick@calgaryswimming.com
Kinesiology Practicum Application

Placement: University of Calgary Swim Club

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES
Students may participate in up to three practicums, with no more than two at the same location

INSTRUCTIONS

1. Contact the on-site supervisor to arrange an interview.
2. Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
3. Submit application and required documentation (if applicable) to knespracticum@ucalgary.ca; our office will email your @ucalgary address within 5 business days with next steps for you and your On-Site Supervisor.

STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

Practicum Term
☐ Fall_________ (year)  ☐ Winter_________ (year)  ☐ Spring_________ (year)

Student Information
Name:  UCID:
Phone Number:  Email:  @ucalgary.ca

Student Practicum Expectations: Why have you chosen this practicum placement? (1-2 sentences)

Code of Conduct
Students are responsible for compliance with the University of Calgary’s Code of Conduct.

☐ Yes  ☐ No  I have read and understood the University of Calgary’s Code of Conduct.

☐ Yes  ☐ No  Do you have a pre-existing relationship(s) with person(s) or group(s) associated with this practicum placement?
If yes, please briefly explain the nature of the relationship:

I agree that:
• No salary or payment will be received based upon my participation in a Kinesiology practicum placement
• I will meet the expectations of the practicum placement for which I am applying
• I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).
• I will complete 60-72 hours within the dates of the term.

Start Date (first day of lectures)  End Date (last day of lectures)

☐ I agree with the above-mentioned terms and conditions.

Student’s Signature:  Date:

ON-SITE SUPERVISOR PORTION

Name: Nick Lapointe  Organization: University of Calgary

Phone:  Email: nick@calgaryswimming.com

As the On-Site Supervisor, I agree that:
• No salary or compensation will be given to the practicum student
• I will provide sufficient hours, supervision, and guidance during this practicum placement
• I will complete a mid-point and final evaluation for the practicum student.

☐ I agree with the above-mentioned terms and conditions.

On-Site Supervisor’s Signature:  Date:
CONFIDENTIALITY AGREEMENT

Practicum students and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to knespracticum@ucalgary.ca.

THIS AGREEMENT is made as of the ______ day of _________, 20____.

BETWEEN:

___________________________________________________________

(hereinafter called the “Agency”)

AND:

___________________________________________________________

(hereinafter called the "Student")

Whereas:

It is the Student’s legal and ethical responsibility to protect the privacy, confidentiality and security of all records, proprietary information and other confidential information relating to the Agency, including business, employment and medical information relating to patients, members, employees and health care providers. (“Confidential Information”).

And whereas:

The Agency has adopted policies and procedures regarding Confidential Information including its policies and procedures for complying with the Freedom of Information and Protection of Privacy Act and the Health Information Act (“Policies and Procedures”).

In witness hereof, the parties agree as follows:

1. The Agency agrees to disclose and the Student agrees to receive Confidential Information in furtherance of participating in his/her practicum with the Agency, as set out in the Practicum Agreement.

2. The Agency agrees to advise, instruct and guide the Student as to the Policies and Procedures.

3. Upon receipt of the information set out in paragraph 2 herein, the Student agrees to use his/her best efforts to comply with the Policies and Procedures and to protect the Confidential Information, or any part thereof, and prevent it from being disclosed to any person contrary to the Policies and Procedures.

IN WITNESS WHEREOF, the parties have duly executed this Agreement effective as of the day and year first written above.

Agency

Signed: ____________________________
Print Name: _______________________
Title: _____________________________
Date: _____________________________

Student

Signed: ____________________________
Print Name: _______________________
Date: _____________________________

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