

Fit Families is a 6 week fitness/wellness program designed to encourage persons with intellectual disabilities and their supporters to focus on a healthier lifestyle. Families/Team Participants will track success in health and wellness through monthly submitted journals tracking weight, blood pressure etc. Success will be celebrated with a family team reward!

The Goal: Get Healthy, Feel Healthy, Stay Active, Have Fun, Make a lifestyle change!

Checklist of the Fit Families Challenge:

- Enter the 6 week challenge by completing the Enrollment form
- The enrollment form requires baseline weight, blood pressure, height, and resting heart rate for each team/family member participating (*See reference sheet for more information)
- Select a Challenge Coordinator for managing the challenge(Responsibilities will be outlined later in the document)
- Team must contain at least 1 Athlete
- Participate in one Fitness/wellness program in addition to Fit Families
- Submit weekly journals to Special Olympics -share updates, tips, ideas, information on who is exceeding expectations in their family, etc.
- Engage in 30 minutes of physical activity 4 times per week (complete activity log included)
- Complete Nutrition Calendar by adding each meal or selecting one goal for the family per week (see example goals sheet)
- Teams should submit their documents at the mid-point, <u>3 weeks, and again at the end</u> of the 6 week challenge.
- Challenge Coordinators will complete "Post" Fitness baseline report and team surveys with updates on weights, height, blood pressure, etc.

Fit Families Start Up Packet includes:

- Team Pedometers
- T-shirts to each team member sign up
- Physical Activity guide
- Nutrition guidebook and suggested goals
- Family commitment cards
- Monthly Health E-newsletter
- Enrollment forms, survey, journal layout, nutrition calendar, and activity calendar

REWARD Families who complete the challenge and all required documents will receive a team reward at the end of the 6 weeks!

These rewards will be chosen by the family/team and will be wellness based. E.g. Healthy Cookbook, Healthy Cooking materials, Family Fun activity sets such as ladder ball, disc golf, etc.







Enrollment form

Instructions

- 1. Form to be completed by Challenge Coordinator
- 2. Challenge Coordinator must be at least 18 yrs. old.
- 3. Calculate Resting Heart Rate To find a resting heart rate, count the number of heart beats for a total of one minute, or count the beats for 15 seconds and multiply that number time four. Usually the number will range from 60-90 beats per minute.
- 4. Systolic Blood Pressure The top number. It is a measure of blood pressure while the heart is beating.
- 5. Diastolic Blood Pressure The bottom number. It is a measure of blood pressure while the heart is relaxed, between heartbeats.
- 6. Please mail or fax to Special Olympics Arkansas- Attn: Donna Kilmer
- 2115 Main Street North Little Rock, AR 72113
- 7. Questions please contact Donna Kilmer donna@specialolympicsarkansas.org

Family Name:		_ Date:	
Family Designated C	oordinator:		
Email	phone	_	
Address:	City:	Zip:	
	eek are you currently active (active		ıore of

Special Olympics Arkansas recommends participants consult their local health professional before beginning an exercise program







Fitness Measurements					
Family Member:		Role:	Age:	T-shirt size:	
Body Composition:					
Height:	_Weight: _		Resting Heart Ra	ate	
(feet and inches) Blood Pressure:		(pounds)			
Systolic:		Diastolic:		-	
Family Member:		Role:	Age:	T-shirt size:	
Body Composition:					
Height:	_ Weight:		Resting Heart R	Resting Heart Rate	
(feet and inches) Blood Pressure:					
Systolic:		Diastolic:		-	
Family Member:		Role:	Age:	_ T-shirt size:	
Body Composition:					
Height:	Weight:		Resting Heart Ra	te:	
(feet and inches) Blood Pressure:		(pounds)			
Systolic:		Diastolic:			
Family Member:		Role:	Age:	T-shirt size:	
Body Composition:					
Height:	Weight: _		Resting Heart Rat	te:	
(feet and inches) Blood Pressure:		(pounds)			
Cuctolic		Diactolice			







Challenge Update Packets and other Important Information







If you have turned in your enrollment documents you are READY to get started Congratulations on choosing to get healthy!

Important information for the Challenge Coordinator

The coordinator agrees to:

- 1. Submit enrollment form indicating the family would like to participate in Fit Families program.
- 2. Organize fitness activities for all family/team members
- 3. Share Fit Families information with participants and their caregivers, including but not limited to: Health E-news, list of suggested fitness activities, incentive information, and other relevant information.
- 4. Distribute/collect/forward forms, in addition to accurately submitting fitness logs to SOAR Home Office.
- 5. Organize Families attendance at a minimum of 2 additional wellness activities per 6 week period.

Fit Families activities can be the following:

- Special Olympics training
- Special Olympics competition
- Healthy Athletes Clinic
- Healthy Athletes Live Healthy Education Fair
- Extra training classes or events offered in city that has a nutrition/wellness focus. If you have questions about what might work under this category reach out to Donna or Camie.

Instructions for submitting Challenge update packets:

(Challenge update packets includes: Journals, Nutrition calendar, activity log, post evaluation)

- 1. To be completed by Fit Families Coordinator
- 2. Reminder Activity should be 30 minutes or longer to be recognized as Fit Family activity.
- 3. Email, Mail, or fax challenge update packets to SOAR after 3 weeks and 6 weeks.

Please mail or fax to Special Olympics Arkansas- Attn: Donna Kilmer Email: Camie Powell <u>Camie@specialolympicsarkansas.org</u> or Donna Kilmer <u>Donna@specialolympicsarkansas.org</u>

Fax: 501-771-1020

Mail: Special Olympics Arkansas 2115 Main Street North Little Rock, AR 72113







Journal Entry:

(Submit once a week)

Share any feedback about your family and the fit family challenge! How are you encouraging each other? Are there any unique ways you are exercising or eating healthy? Update us on your nutrition and fitness success!

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FOUNDATION





Nutrition Calendar Goals:

When completing your nutrition calendar you may select two options:

- 1. Enter each meal, showing the healthy choices
- 2. Enter a goal for each week.
 - a. Suggestions for goals
 - i. Make half your plate <u>fruits and vegetables</u>.
 - ii. Make half the grains you eat whole grains.
 - iii. Choose fat-free or low-fat (1%) milk, yogurt, or cheese.
 - iv. <u>Drink water</u> instead of sugary drinks.
 - v. Choose lean sources of protein.
 - **vi.** Compare sodium in foods like soup and frozen meals and choose foods with less sodium.
 - vii. Eat some seafood.
 - viii. Pay attention to portion size

GOAL SUGGESTIONS FOUND:

https://www.presidentschallenge.org/motivated/healthyeating/index.shtml

Activity Calendar Ideas:

Get Creative as a family

- 1. Obstacle Course around the house
- Lunges through the rooms
- 3. Yoga
- 4. Special Olympics Arkansas Workout https://www.youtube.com/watch?v=L4c4N1_PZ4Q&feature=youtu.be
- Visit our website to see new wellness opportunities http://www.specialolympicsarkansas.org/health.html
- 6. Let each family member lead an activity
- 7. Walking around the park or neighborhood
- 8. Jump Rope
- 9. Play a sport outside (soccer, basketball, baseball, etc.)



