

Walking Club Manual

Special Olympics Washington



Special Olympics
Health

MADE POSSIBLE BY **Golisano** FOUNDATION



CENTERS FOR DISEASE
CONTROL AND PREVENTION



**KAISER
PERMANENTE.**

OFFICIAL HEALTH PARTNER
OF SPECIAL OLYMPICS WASHINGTON

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What are Walking Clubs?

Special Olympics Walking Clubs aim to bring together individuals with and without intellectual disabilities for non-competitive physical activity. Walking Clubs provide the platform and opportunity for individuals to challenge themselves, establish friendships, and exercise.

Walking Clubs can be led or co-led by SOWA coaches, athletes, and Unified Partners. Walking Clubs can take place during a traditional sports season or as a standalone club.

Individuals and groups receive incentives for tracking their goals and submitting that information back to SOWA. Prizes include: water bottles, t-shirts, running belts, aprons, exercise equipment and more.

In the state of Washington, over 50% of both youth and adults in Special Olympics are overweight or obese. Walking Clubs build the skills an athlete needs to not only perform at their best on the competition field, but more importantly improve their health and increase their quality of life.



WALKING CLUB

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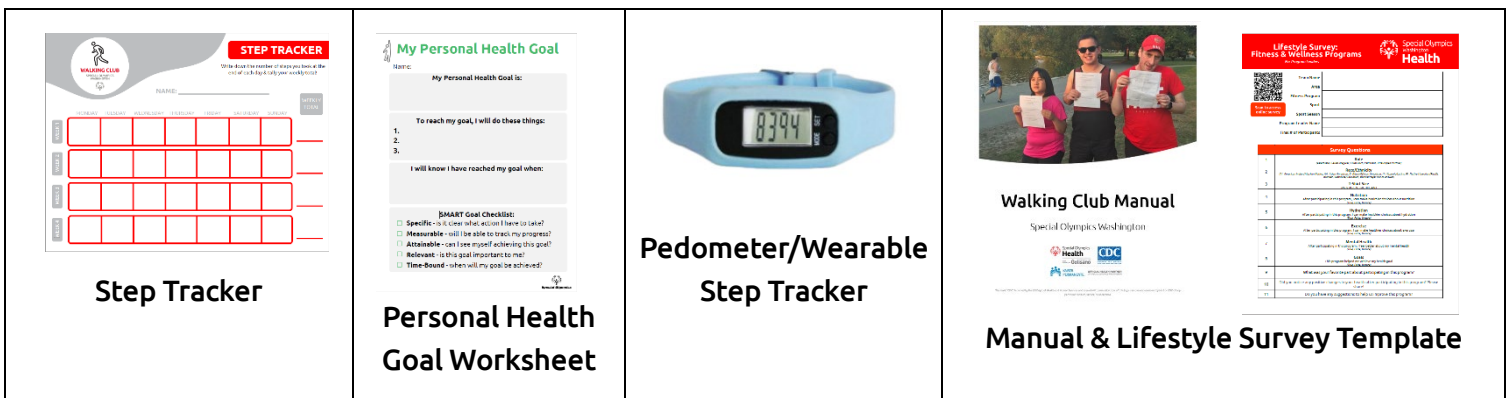


Getting Ready for Walking Clubs

At the beginning of each season, program leaders or coaches should register their group or team to participate in Walking Clubs. Walking Clubs will be a “non-sport” offering in the specified season registration form found on our [Return to Activities webpage](#). Review all the materials you receive and read carefully through this manual before starting the program.

You will receive the following in the mail:

- Walking Club Step Tracker – 1 per participant
- Personal Health Goal Worksheet – 1 per participant
- Pedometer or Wearable Step Tracker – 1 per participant as requested
- Walking Club Manual & Lifestyle Survey Template – 1 per group leader
- Walking Club Waiver– required for any participant who is not already registered with Special Olympics Washington (including family members, caregivers and volunteers)



If you have a Wellness Coordinator in your area, you will then be connected to that individual. The Wellness Coordinator will be your point of contact for any questions or support throughout the implementation of the program. If there is not a Wellness Coordinator in your area, you will work with the Director of Health Programs for any support needed while implementing the program.

Never hesitate to ask questions, reach out for feedback, or try new ideas! Each group will have different strengths, challenges, resources, and needs. While the structure of Walking Clubs will always be the same, no two programs will be identical. Be creative and listen to what the athletes want.

Timeline & Implementation

Walking Clubs can take place during a traditional sports season or as a standalone club.

Sports season:

Team weekly *outside of regular sports practice* for 8-weeks during a sports season:

- Winter season: Late November to beginning of March
- Spring season: Beginning of March to mid June
- Summer season: Mid June to late August
- Fall Season: Late August to late November

Ongoing club:

- Club meets weekly throughout the year

There are a few weeks where you will be asked to complete additional tasks:

During Week 1:

- Any participants without a valid Athlete Registration Form with Special Olympics Washington must fill and sign the [Walking Club Waiver Form](#) (Including parents, family members, caregivers, and volunteers)
- Any participants who have not signed the [COVID Waiver & Code of Conduct](#) must complete these forms and return to SOWA. This is only required once for all participants.
- Participants receive their step trackers.
- Participants will create a health goal using the Personal Health Goal worksheet.
- Participants will begin tracking their daily steps on this day.

During Week 4:

- Check in with athletes about their personal health goal

During Week 8:

- Complete the Lifestyle Survey Template for all athletes OR have athletes complete their own surveys using the online form:
<https://www.surveymonkey.com/r/SOWAFitness>
- Program Leaders submit End of Session Evaluation:
<https://forms.gle/YgqvbjSVP5LAV7nV8>

Data Collection

Personal Health Goals

Athletes are encouraged to create a SMART Goal using the provided template. Program leaders should document athlete goals (ex: take a photo of their goal sheet) and encourage athletes to place their goal sheet in a prominent place such as their sports bag, fridge or bedroom mirror.

Step Tracker

Each participant will receive an 8-week step tracker to record the number of steps they take each day. You should always remind participants to keep track of their goals and steps, and to do so honestly. No one is perfect – we are not expecting athletes to achieve every single goal every single day. If they are honest about their goals, they will see better improvements in their health and athletic abilities in the long run!

Lifestyle Surveys


The Lifestyle Surveys will be completed at the end of the program. These surveys help athletes, coaches, and SOWA to better understand the effectiveness of Walking Clubs, along with opportunities for improvement. Individuals can complete their own survey online: <https://www.surveymonkey.com/r/SOWAFitness>

Alternately, Program Leaders can also collect participant lifestyle survey data at practice via the Lifestyle Survey Template. Program Leaders will upload the [Lifestyle Survey Template](#) for the entire team when they submit the End of Session Evaluation form.

End of Session Evaluation

Completion of the end of session evaluation form is required for teams to receive their incentives. This form will take approximately 10 minutes to complete. You will be asked to report on participant #'s, program impact, upload lifestyle surveys, and photos from the program. <https://forms.gle/YgqvbjSVP5LAV7nV8>

Incentives

Task	Reward
<p>Athlete has tracked their steps for 8 weeks straight AND completes Lifestyle Survey.</p>	<p>Athlete receives a Fitness Shirt, Cooking Apron or Running Belt.</p> 
<p>Program Leaders complete an evaluation at the conclusion of the program* https://forms.gle/qzxC9tDLBTJj3KqEA</p>	<p>Program Leaders will receive a \$10 Amazon gift card</p>

*Coaches are always encouraged to provide feedback, ask questions, and propose new ideas! Don't hesitate to reach out to your Wellness Coordinator at any time.

*Prizes may change season to season based on availability.



Resources

- SOWA Fitness & Wellness Programs Webpage:
<https://specialolympicswashington.org/fitness-wellness-programs/>
- SO North America Fitness Webpage:
<https://www.specialolympics.org/our-work/inclusive-health/fitness>

If you have any questions about Walking Clubs, you should contact your Wellness Coordinator first. Further questions or comments can be sent to

fitness@sowa.org

Thank you for providing athletes with opportunities to improve their health and quality of life. Have fun!



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My Personal Health Goal

Name: _____

My Personal Health Goal is:

To reach my goal, I will do these things:

- 1.
- 2.
- 3.

I will know I have reached my goal when:

SMART Goal Checklist:

- Specific** - is it clear what action I have to take?
- Measurable** - will I be able to track my progress?
- Attainable** - can I see myself achieving this goal?
- Relevant** - is this goal important to me?
- Time-Bound** - when will my goal be achieved?





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STEP TRACKER

Write down the number of steps you took at the end of each day & tally your weekly total!

NAME: _____

WEEKLY
TOTAL

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

--	--	--	--	--	--	--	--

WEEK 5

--	--	--	--	--	--	--	--

WEEK 6

--	--	--	--	--	--	--	--

WEEK 7

--	--	--	--	--	--	--	--

WEEK 8

Lifestyle Survey: Fitness & Wellness Programs

For Program Leaders



Special Olympics
Washington
Health



Scan to access
online survey

Team Name	
Area	
Fitness Program	
Sport	
Sport Season	
Program Leader Name	
Final # of Participants	

Survey Questions	
1	<p>Role <i>(A=Athlete, CAR=Caregiver, CO=Coach, P=Parent, UP=Unified Partner)</i></p>
2	<p>Race/Ethnicity <i>(AI=American Indian/Alaskan Native, AA=Asian American, B=Black/African American, H=Hispanic/Latinx, PI=Native Hawaiian/Pacific Islander, W=White/Caucasian, Blank=Prefer not to answer)</i></p>
3	<p>T-Shirt Size <i>(XS, S, M, L, XL, 2XL, 3XL, 4XL)</i></p>
4	<p>Nutrition After participating in this program, I can make healthier choices about nutrition <i>(True, False, Unsure)</i></p>
5	<p>Hydration After participating in this program, I can make healthier choices about hydration <i>(True, False, Unsure)</i></p>
6	<p>Exercise After participating in this program, I can make healthier choices about exercise <i>(True, False, Unsure)</i></p>
7	<p>Mental Health After participating in this program, I feel better about my mental health <i>(True, False, Unsure)</i></p>
8	<p>Goals This program helped me achieve my health goal <i>(True, False, Unsure)</i></p>
9	<p>What was your favorite part about participating in this program?</p>
10	<p>Did you notice any positive changes in your health after participating in this program? Please share!</p>
11	<p>Do you have any suggestions to help us improve this program?</p>

	Athlete Name					
1	Role					
2	Race/Ethnicity					
3	T-Shirt Size					
4	Nutrition					
5	Hydration					
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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT FOR SPECIAL OLYMPICS WASHINGTON WALKING GROUP PARTICIPATION

In consideration of participating in the Special Olympics Washington walking group, meeting between January 1, 2022 and December 31st, 2022 in Washington ("Event"), I represent that I understand the nature of walking groups and that I and/or my minor child are competent, qualified, in good health, and in proper physical condition to participate in the Event. I acknowledge that if I and/or my minor child believe the Event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Event and any related activities.

I fully understand that the Event and any related activities involves risks of serious bodily injury, personal injury, illness and/or infection, which may result in and include (but is not limited to) permanent disability, paralysis and/or death, and which may be caused by my own actions or inactions, those of others participating in the Event, the conditions in which the Event takes place, or the negligence of the "Releasees" named below. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks described herein and all responsibility for any losses, costs, and damages that I and/or my minor child incur as a result of my and/or my minor child's participation in the Event and any related activities.

I hereby release, discharge, and covenant not to sue Special Olympics Washington, Inc., Special Olympics, Inc., their respective administrators, directors, agents, officers, volunteers, and employees, any other participating entities, sponsors, advertisers, and, if applicable, any other owners and/or lessors of any public or private property on which any of the Event activities take place (each considered one of the "Releasees" named herein), from all liability, claims, demands, losses or damages on my and/or my minor child's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I hereby consent to receive any medical treatment which may be deemed advisable for me and/or my minor child in the event of injury and/or illness during the Event and any related activities. I understand that I or my health insurer (and not any of the Releasees or their insurers) will be responsible to pay for or otherwise cover any or all of the expenses in connection with any injury and/or illness that I and/or my minor child may suffer in connection with the Event and any related activities.

In addition, I hereby authorize any of the Releasees and/or their agents to photograph, film, tape, or otherwise create audio and/or video recordings, still images, and/or textual descriptions of me and/or my minor child during the Event and any related activities, whether virtual or in-person, and to use the same for any legitimate purpose, as well as to use the name and biographical information of me and/or my minor child in connection therewith, without compensation or further permission.

I am at least 18 years of age or older, and have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance and intend to be an unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid, the balance notwithstanding shall continue in full force and effect.

This document shall be binding upon me and my minor child, including my and/or my minor child's heirs, executors, administrators and assigns, and any legal guardian of my minor child.



PARTICIPANT INFORMATION:

Participant Address: _____

City/State: _____ Zip: _____

Phone #: _____ Email: _____

FOR ADULT PARTICIPANT: (18+)

Print Full Name: _____

Signature: _____ Date: _____

Email: _____

FOR MINOR PARTICIPANT: (under 18)

Print Full Name of Minor: _____

Print Full Name of Parent/Guardian: _____

Signature: _____ / _____

(By Parent/Guardian of Minor)

(Date)

EMERGENCY CONTACT:

Print Name: _____

Phone #: _____

TEAM INFORMATION:

Team Name: _____

Head Coach: _____

City and County: _____