

# San José State University

## Kinesiology

### Spring 2021, KIN 35B, Intermediate Weight Training (Online)

#### Contact Information

Instructor:	Dr. Richard Montgomery
Office Location:	SPX 173A (Not Available)
Telephone:	NA
Email:	<a href="mailto:richard.montgomery@sjsu.edu">richard.montgomery@sjsu.edu</a> (Preferred)
Office Hours:	By appointment (email)
Class Meetings & Location	Online (Asynchronous via email)
Prerequisites:	In consideration for being allowed to participate in this class it is recommended that participants have a complete medical examination. While rigorous physical exercise has many benefits, it may also present hazards for certain groups of individuals. Individuals who choose not to have a medical examination should be aware of the risks and hazards and understand that participation in this class is at your own risk. <u>Additionally, all students must sign and submit the CSU Release of Liability Agreement to participate in this activity class.</u>

#### Course Description

Intermediate weight training is designed for individuals with prior resistance training and experience. It involves complex level exercises and utilizes a variety of techniques to produce a training effect resulting in increased muscle strength and endurance, flexibility, and cardio respiratory efficiency. Prerequisite: KIN 035A or equivalent experience.

#### Course Content (skills)

Improving strength of major muscle groups

Developing accessory muscle/core strength

Improving cardio vascular efficiency while weight training for strength

Improving efficiency of training utilizing intense compound exercises

### **Course Content (concepts/knowledge)**

Use of various types of exercise programs that target specific goals

Intermediate exercise physiology relating to strength and conditioning

Developing an improved exercise management plan

Health benefits of physical activity

Physical activity and the process of aging

Differences in popular types of training disciplines

Supplements and diet for managing exercise objectives

### **Activity Program Learning Outcomes**

After completion of the physical activity graduation requirement, students shall be able to:

- Demonstrate proficiency in the execution of the motor/sport skills appropriate to the specific activities completed.
- Identify and/or explain the applicable history, rules, strategies, current research, safety, and etiquette related to the specific activities completed.
- Identify and/or explain the benefits of physical activity as related to physical and mental health.

### **Text/Readings**

No text is required. Cognitive material comes from a variety of sources provided online.

Students are expected to utilize handouts and may be asked to reference some outside reading sources. Reading materials will be distributed via email to the student.

### **Course Notes**

**1. Assignments received or completed late will receive a deduction of 2 points for each day late.**

**2. This is an activity class and by its nature you can only benefit and experience change by physical participation in the activity. For whatever reason, should you be unable to participate in class to the degree that your final grade will be unacceptable, you must drop the class or take an incomplete. Please see me for instructions.**

**3. Success in this course is based on the expectation that students will spend, for each unit of credit, a minimum of 45 hours over the length of the course (normally three hours per unit per week) for instruction, preparation/studying, or course related activities.**

## Course Requirements, Assignments, and Grading: Evaluation

Skill/cognitive evaluation/assessment logs – 4@15 points each (Template Provided)

Outside Assignment - 10 points

Final Assignment – 15 points

Goals/bio – 5 points

Release of Liability Form – 5 points

### Grading Scale used to determine final course grade.

Percentage	Equivalent Grade
97% - 100%	A+
93% - 96%	A
90% - 92%	A-
87% - 89%	B+
83% - 86%	B
80% - 82%	B-
77% - 79%	C+
73% - 76%	C
70% - 72%	C-
67% - 69%	D+
63% - 66%	D
60% - 62%	D-
below 60%	F

### Course Calendar (subject to change with fair notice by announcement via email)

January 27 – First Day of Class

February 8 – Goals/Bio due and Release of Liability Form

February 10 – Template for skill/cognitive evaluation/assessment log sent out

March 3 – Log #1 from Feb. 15 to Mar. 3 due

March 24 – Log #2 from Mar. 8 to Mar. 24 due  
March 28 – April 2 – Spring Break  
April 21 – Log #3 from Ap.5 to Ap. 21 due  
April 26 – Outside Assignment handed out  
May 10 – Outside Assignment Due  
May 12 Final Assignment handed out and Log #4 April 26 to May 12 due  
May 17 – Last day of class  
On or before May 24 – Final Assignment due

## University Policies

Information pertaining to university programs and policies designed to facilitate student success are found here:

<http://www.sjsu.edu/gup/syllabusinfo/>

# TEMPLATES

## Agreement for Activity/Goals Template

**I have read the course syllabus for this class and understand its contents. I agree to its terms.**

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Class \_\_\_\_\_

On the Syllabus is a brief description of me (see bio Montgomery). So that I am able to get to know you better, briefly describe (in writing) your current relationship to exercise and then your personal goals and expectations for this class as best as possible. **5 points.** Due - Feb 8 on Canvas/Assignments.

## Bio Montgomery

### Richard “Dick” Montgomery

#### Quick Facts

#### EDUCATION

- B.A. and M.A. - Long Beach State University (Kinesiology).
- Ph.D. - University of Southern California (Kinesiology).

#### MANAGEMENT

- Founder and Director of the Graduate Sport/Fitness Management Program at SJSU.
- President of the American Volleyball Coaches Association.

- Director of the USA Women's National Volleyball Team Program.

## **COACHING**

- San Jose State University (Women), Final Four.
- Mizuno Club Volleyball (Girls), National Champion.
- NCAA All Star Volleyball Team (Men), National Champion.

## **HONORS OF ATHLETES TRAINED**

- NCAA Top 6 Award (1), first in the history of the CSU System.
- NCAA All America (4).
- US Volleyball All America (10).
- US Volleyball MVP (2).
- USA National Team (4).
- Olympic Participant (6).
- Olympic Gold Medal (4).
- Olympic Bronze Medal (1).
- California State High Schools Female Scholar/Athlete of the Year (1).

## **SCHOLARLY**

- Publications (27).
- Presentations (150).

## **PROFESSIONAL COMMITTEES**

- United States Olympic Committee (ad hoc).
- Mayor's Sports Advisory Committee, City of San Jose.
- Selection Committee, USA Olympic Volleyball Coach (Men and Women).

## **PERSONAL HONORS**

- Inductee, San Jose State University Athletic Hall of Fame.
- MVP, USA Master's National Volleyball Championships.
- 12-time All America, USA Master's National Volleyball Championships.
- 9-time National Champion, USA Master's National Volleyball Championships.
- Mayor's Commendation, City of San Jose.
- SJSU Meritorious Service and Achievement Award.

## **CYCLING**

- Champion, Surf City Cyclocross Series (SCCX) Masters.
- 1<sup>st</sup>, Santa Cruz International Triathlon (Mixed Relay).
- 1<sup>st</sup>, Peak Season Santa Cruz County Cyclocross Championships (Masters).
- CRASH + CRASH = Retire from racing!!

# **SKILL/COGNITIVE EVALUATION LOG TEMPLATE**

Online Weight Training Spring 2021

15 Points (2pt deduction for each day late)

You are required to train a minimum of 1.5 hours over two separate days each week.

Submit completed log of each workout in assignments to Canvas (USE proper Log #)

Due Date:

Assessment #1 – **On or before** March 3. (Covers workouts from 2/15 to 3/3)

Assessment #2 – **On or before** March 24. (Covers workouts from 3/8 to 3/24)

Assessment #3 – **On or before** April 21. (Covers workouts from 4/5 to 4/21)

Assessment #4 – **On or before** May 12. (Covers workouts from 4/26 to 4/12)

Requirements:

1. Your name
2. Show time, date and length of each of your workouts.
3. Briefly describe each exercise completed (consider reps, sets, weight, etc.)
4. Briefly describe the expected outcomes and goals of this workout.
5. Briefly describe/evaluate your feelings upon completion of this workout.
6. Where do you intend to go in the future?
7. Any other comments or questions that will help me understand your training protocol (optional)

## Release of Liability Form

Due Feb. 8 on Canvas/Assignments

### RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity/Class: \_\_\_\_\_

Activity/Class Date(s) and Time(s) or Academic Term: \_\_\_\_\_

Activity/Class Location(s): \_\_\_\_\_ In consideration for being allowed to participate in this Activity/Class, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, San Jose State University and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my

participation in this Activity, including travel to, from and during the Activity/Class. I am voluntarily participating in this Activity/Class. I am aware of the risks associated with traveling to/from and participating in this Activity/Class, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence, conditions related to travel; or the condition of the Activity/Class location(s). **Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this Activity/Class, including travel to, from and during the Activity/Class.** I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity/Class, including travel to, from and during the Activity/Class. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity/Class, including travel to, from and during the Activity/Class.** I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. Participant Signature: \_\_\_\_\_ Participant Name (print): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

***If Participant is under 18 years of age:*** I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity/Class, including travel to, from and during the Activity/Class.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Gaurdian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print) Date

Minor Participant's Name