



Wings of America's "Social Distancing Distance Club"

October 19th through December 11th, 2020

In partnership with Chinle I.H.S. Health Promotions, Wings of America is excited to offer middle-school-aged youth (5th-8th grade) and their siblings an 8-week program to help them stay active during these isolating times. "Social Distancing Distance Club" members will be connected with a "virtual" mentor that has worked for Wings as a summer Running & Fitness Camp facilitator in the past. Through phone and/or video calls, mentors will keep participants informed, motivated and current with their activity logs. Full activity logs will earn participants prizes like posters, t-shirts, stickers and water bottles. These items will be delivered by mail. Activity "landmarks" are "virtual". Students do not need to travel to participate. They can and should run/walk/jog in their own back yards.

Wings of America will also provide video tutorials and "live" sessions via social media to help participants warm-up, cool-down, stretch and recover wisely. Those without access to internet may be provided DVD's and/or tablets to view pre-recorded versions of this content.

In order to join Social Distancing Distance Club, members need the following:

1. **A safe place to move-** Whether it's a quarter-mile loop or a rambling rez road, participants need a safe route to run/walk near their home on a daily basis. Ideally, family members will look out for one another as they move together and help Distance Club members earn their incentives. When moving on trails that others use, participants must have masks at the ready to put on while passing others.
2. **A positive attitude and desire to challenge one's self.**
3. **A reliable phone connection to receive calls from mentors.**

Wings must receive participants' registration forms by 12pm noon on Wednesday, October 14th in order to be assigned a mentor and become eligible to earn prizes. Please submit registration by visiting the Wings website at <https://www.wingsofamerica.org/sddc/>. Those with no internet access may submit the paper registration form attached to this information packet.

Prizes will be delivered to participants when their activity logs confirm they have reached virtual "landmarks". Mentors will establish a weekly "check in" time with each participating household. During this call, mentors will motivate participants to set goals, engage with program materials and collect activity log information. Participants must engage in at least 20 minutes of continuous movement (walking and/or running) to get "credit" for a day. If they miss calls with mentors, they will risk not getting credit for their activity.

Activity Standard	"Landmark"	Prize
5 consecutive days of running/walking	White House	Distance Club stickers
10 consecutive days of running/walking	Spider Rock	Distance Club Poster
20 total days of running/walking	Tsaile Butte	Distance Club H2O bottle
30 total days of running/walking	Round Rock	Distance Club T-Shirt
45 total days of running/walking	Rock Point	Distance Club Hoodie

Questions about this program and/or registration can be directed toward executive director, Dustin Martin. He can be reached by email at: dustin@wingsofamerica.org or (505) 977 5057



SOCIAL DISTANCING DISTANCE CLUB



PRESENTED BY : Indian Health Service - Chinle Service Unit -
Health Promotion Department in partnership with
Wings of America

SOCIAL DISTANCING ***For 5th-8th Graders & their siblings*** DISTANCE CLUB REGISTRATION



***Please fill out this registration form on the Wings website, if at all possible.
The form can be accessed at: <https://www.wingsofamerica.org/sddc/>

PARTICIPANT'S NAME:

AGE: _____ GRADE: _____ GENDER: Male ☐ Female ☐

SCHOOL THEY ATTEND: _____

Use the same form ONLY if participants live in the same home and will be logging miles together. Participants living in separate households should register on their own form so program mentors may reach them separately.

PARTICIPANT #2'S NAME:

AGE: _____ GRADE: _____ GENDER: Male ☐ Female ☐

SCHOOL THEY ATTEND: _____

PARTICIPANT #3'S NAME:

AGE: _____ GRADE: _____ GENDER: Male ☐ Female ☐

SCHOOL THEY ATTEND: _____

If more than 3 participants in one household, please attach an additional form with only participants' information filled out.

CONTACT PARENT/GUARDIAN'S NAME: _____

PH #: (_____) EMAIL: _____

Can the participant(s) be reached at your phone number by program mentors? YES ☐ NO ☐

Does this phone have service at the participants' home site? YES ☐ NO ☐

If you answered "NO" to either of the above questions, please provide a better phone number for the participant(s) to be reached at: (_____)

Can the participant(s) access the internet at their home site? YES ☐ NO ☐
YES, but only on a cell/smart phone ☐

PARTICIPANT(S):

MAILING ADDRESS: _____
(Street/box #, City/town, State, Zip Code)

Has your child(ren) participated in a Wings programs before? YES ☐ NO ☐

If "YES", please estimate the number of times/years: _____

Does your child(ren) participate in after-school sports during a "normal" school year? ☐ YES ☐ NO

If "YES", which sport(s): _____

Are there any medical conditions, or recent injuries, that might limit your child(ren)'s ability to engage in physical activity? YES ☐ NO ☐ If yes, please explain: _____

On average, how many days a week do you think your child(ren) gets 1/2 an hour of exercise (continuous movement) or more. (Could be walking, running, playing basketball, hiking, bike riding etc.)?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

On average, how many days a week do you think your child(ren) watch at least one movie?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

How important is it to you that your child(ren) learn the following:

	Not at all	Somewhat Important	Important	Very Important
1. To incorporate exercise into their daily routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To take care of their bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To take care of their mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To take care of their spiritual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The proper way to "warm-up" & "cool-down" before & after exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How to stretch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To compete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How to set goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How to find their way (geographically speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The history of Native American runners and running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how much agree or disagree with the followings statements:

	Disagree	Somewhat Agree	Agree	Strongly Agree
1. The pandemic has made me feel afraid to let my child(ren) go outside and be active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The pandemic has made the activities my child(ren) use to stay active less accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The pandemic has made my child(ren) feel more isolated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. By next summer, I will feel comfortable letting my child(ren) run/play in large groups again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The pandemic has helped our family see how important it is to lead a healthy lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. "Distance Learning" will make students more dependent on electronics and "screen time".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. "Virtual" wellness programs are a good use of Health Promotion resources during the pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAIVER: (MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN)

I hereby release The Earth Circle Foundation, Inc. (dba Wings of America) and all agencies and/or sponsors whose property and/or personnel are used from responsibility for any injuries and/or damages my child(ren) may suffer as a result of their participation in "Social Distancing Distance Club". I hereby certify that my child(ren) is/are in good physical condition and is/are safely able to take part in this fitness-oriented event. Additionally, I permit the use of the name, voice and/or likeness of my son/daughter in broadcasts, telecasts, newspapers, brochures, etc. produced by and/or in cooperation with Wings of America and/or Social Distancing Distance Club sponsors. As the parent and/or guardian of the above named child(ren), I certify that all information in this form is true and complete. I have read the information provided and certify my compliance with my signature below.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE