



OHEYS Pool Group 2019-20 Autism Activity Program

The OHEYS Pool Group is for teens/young adults on the autism spectrum. It is made possible by making good use of the new City of Winnipeg free 'youth -only' pool swim times. The City of Winnipeg regulation is that only youth are allowed in the pool during this free pool time. What a great idea to promote more physical activity for this age group, so go on your own if you wish. OHEYS offer a supported inclusive group program as outlined below.

ADDRESSING TEEN ISSUES IN AUTISM:

- ✓ Teens/young adults need to get more exercise; doing so in a group activity setting seems like a lot more fun.
- ✓ Teens/young adults need to participate successfully in more social groups. This includes more practice interacting with friends their own age. It means being prompted to interact successfully with others with play ideas and conversation in a risk-free environment. With a program specifically for this group, and qualified supporters to help facilitate the social component, participants can get more physically fit and feel socially successful.

ALL SESSIONS:

- ✚ Registration is open to participants with ASD.
- ✚ Participants need to be verbal, able to share ideas & participate in (supported) conversations. Dress for the weather.
- ✚ Adult coaches will be outside the water but in the pool area supervising activities.
- ✚ Typical teen facilitators (male/female) will be in the pool to support games & to supervise change room.
- ✚ OHEYS brings special pool toys and equipment to play games and group activities.
- ✚ Light Snack is provided with the group. Snacks from vending machines will be strongly discouraged.
- ✚ Ask about participation of older typical siblings as volunteers!
- ✚ *A minimum number of participants is required to run each session.*

SATURDAYS - MIXED GROUP BOYS/GIRLS
Bonivital Pool (1½ hrs 7:00 - 8:30 pm)
2 pools (shallow pool, lap swim pool w/slide),
hot tub. 1215 Archibald Street, St. Boniface

The schedule is swim with planned pool games and coordinated fun with friends, then everyone out/changed. Light snacks provided. The focus is hang-out time and fun with friends. Parents drop off and pick up at the pool. Windup fun and certificate on the last day.

Cost = \$20/night. Cheque payable to: "OHEYS".

- If you register later in the session & there is still space, pay pro-rated.
- If you don't plan to come for all the sessions, the "drop-in only" fee is \$20/session. Advance email notice is required by Friday night each time to plan for coach ratios.

COST: See schedule. Includes games & equipment, trained pro-active coach support and light snack.

TO REGISTER: Registration Form & Waiver attached. Email or scan/email to confirm (required).
Mail payment or bring to first session.

Questions? email (preferred): OHEYSAutismPrograms@gmail.com OR tel: 204-275-1498.

Supported by: OHEYS Autism Programs
<http://www.OHEYS.org>

Registered Charity #86117 9083 RR0001
email: OHEYSAutismPrograms@gmail.com

OHEYS Pool Group Schedule

October 2019 - June 2020

Session Registration – Please Check



SATURDAYS -- Bonivital Pool has 2 pools (shallow/lap swim), slide, hot tub, and sauna.
1215 Archibald Street, St. Boniface

OHEYS program runs **Saturdays** 1 ½ hours from **7:00 - 8:30 pm**.

Parents drop-off and pick-up at the pool. Emergency transportation can be arranged with advance notice.

OHEYS setup includes: meet & greet, pro-active coach support provided on a 4-1 basis, water guns, sinking toys, various ball games, organized water games, frisbees, supported peer conversation and friendship interaction, some table board games, free play opportunities, healthy snacks and group time on deck to conclude each evening.

Registration and Payment process:

- Sign up for all terms you wish to register for, so preliminary coach planning can be arranged.
- Payment can be made on a per-term basis. Payment for each term is due no later than the first date of each session (mail or bring in person). Bank eTFR to OHEYSAutismPrograms@gmail.com or Cheque payable to: 'OHEYS'. Receipts will be emailed.
- Typical siblings are welcome at no charge. If participants wish to bring a friend once in a while, that is fine.

2018-2019 OHEYS Youth Pool Group Schedule:

2019 **TERM 1** – Sat **Oct** 19th, 26th, **Nov** 2nd, 9th (4 x \$20 = \$80)

TERM 2 – Sat **Nov** 16th, 23rd, 30th, **Dec** 7th (4 x \$20 = \$80)

**PLEASE NOTE THAT THE 2020 SCHEDULE IS SUBJECT TO CHANGE DUE TO UNEXPECTED CHANGES
IN CITY POOL PLANNING SCHEDULE**

TERM 3 – Sat **Jan** 11th, 18th, 25th **Feb** 1st, 8th, 15th (6 x \$20 = \$120)

2020 **TERM 4*** – Sat **Feb** 22nd, 29th **Mar** 7th, 21st, 28th **Apr** 4th (6 x \$20 = \$120)

**The Winnipeg School Spring Break Period is March 30-April 3, 2020. They closed a Sat last year.*

**The OHEYS Budspud is Sat March 14th so no Pool Group*

TERM 5/6 (poss 9 wks) – Sat **Apr** 11th, 18th, 25th **Sat May** 2th, 9th, 16th, 23th, 30th **Jun** 6th

THINGS YOU NEED TO BRING:

Swimsuit/towel, own goggles, money (\$0.25 for locker), positive attitude, willingness to participate actively with others.

ADVANCE EMAIL NOTIFICATION IS REQUESTED - OHEYSAutismPrograms@gmail.com

OHEYS, 61 Linacre Road, Winnipeg, Manitoba R3T 3G7 Tel: 204-275-1498

www.OHEYS.org OHEYS Autism Programs Registered Charity #86117 9083 RR0001

OHEYS Pool Group Registration Form

2019 – 2020

Registration & Liability Waiver Required - Contact Information

NAME (please print clearly): _____

Birthdate: _____ Age: _____ Grade: _____ Gender: _____

Level of swimming ability: _____ strong swimmer _____ moderate swimmer _____ cannot swim
You do not need to be a good swimmer. A lot of activities are shallow-end. You do need to like moving in water.

Life Jacket required: _____ YES _____ NO

Special interests and activities: _____

Parent(s) Names: _____

Address: _____ P/Code: _____

Tel (h): _____ Cell: _____ Other: _____

email (required): _____

Registration Terms

SATURDAYS - Bonivital Pool (7:00 - 8:30pm) - 1215 Archibald Street, St. Boniface
Schedule - 1½ hour swim & pool activities - light snack provided. Drop off and pick up at pool entrance.

2019 **TERM 1 – Sat Oct 19th, 26th, Nov 2nd, 9th, 16th** (4 x \$20 = \$80)

TERM 2 – Sat Nov 16th, 23rd, 30th, Dec 7th (4 x \$20 = \$80)

2020 PLEASE NOTE THAT THE 2020 SCHEDULE IS SUBJECT TO CHANGE DUE TO UNEXPECTED CHANGES IN CITY POOL PLANNING SCHEDULE

TERM 3 – Sat Jan 11th, 18th, 25th Feb 1st, 8th, 15th (6 x \$20 = \$120)

TERM 4* – Sat Feb 22nd, 29th Mar 7th, 21st, 28th Apr 4th (6 x \$20 = \$120)

**The Winnipeg School Spring Break Period is March 30-April 3, 2020. They closed a Sat last year.*

**The OHEYS Budspud is Sat March 14th so no Pool Group*

TERM 5/6 (poss 9 wks) – Sat Apr 13th, 18th, 25th Sat May 2th, 9th, 16th, 23th, 30th Jun 6th

THINGS YOU NEED TO BRING: Swimsuit & towel, goggles, personal money (\$0.25 for locker), willingness to participate with others.

ADVANCE EMAIL NOTIFICATION IS REQUESTED - OHEYSAutismPrograms@gmail.com

OHEYS, 61 Linacre Road, Winnipeg, Manitoba R3T 3G7 Tel: 204-275-1498

www.OHEYS.org OHEYS Autism Programs Registered Charity #86117 9083 RR0001

OHEYS LIABILITY WAIVER

YOU ONLY HAVE TO FILL THIS FORM OUT ONE TIME FOR THE ENTIRE POOL YEAR INCLUDING ALL SCHEDULED TERMS AND ANY EXTENSIONS TO THE SCHEDULE.

ONLY FILL OUT AGAIN IF THERE ARE CHANGES TO INFORMATION PREVIOUSLY SUBMITTED.

Parent Agreement: Please read and sign the following waiver for your child/children's participation in the Winnipeg Optimal Health Early Years Sports Club "OHEYS Pool Group" program:

While all reasonable precautions are taken to ensure the safety of my child while participating in this program its directors and coaches are hereby released from any and all liability in the event of any illness, accident or misfortunes that may occur to my child and/or his/her property while under the care of the directors, coaches and volunteers of the OHEYS program. My child is covered by Provincial health or equivalent medical insurance.

I have read and hereby agree with the above waiver.

Name of Teen/Youth: _____

Name of Parent/Guardian: (please print): _____

Signature of Parent/Guardian _____ Date _____

In case of emergency call (please list at least 2 contacts who will be available during the program):

1. _____ CHECK HERE if one or both is Parent/Guardian (whose contact info is already on registration form).

2. Name: _____ Tel(h): _____ (w): _____

Name: _____ Tel(h): _____ (w): _____

Medical: M.H.S.C.#: _____ P.H.I.N.#: _____

Physician's Name: _____ Tel: _____

OHEYSAutismPrograms@gmail.com

OHEYS, 61 Linacre Road, Winnipeg, Manitoba R3T 3G7 Tel: 204-275-1498

www.OHEYS.org OHEYS Autism Programs Registered Charity #86117 9083 RR0001