

## Fort George G. Meade Swim For Your Life

1. PURPOSE: To promote physical fitness and wellness for Active Duty, Retirees, family members and civilians of Fort George G. Meade.
2. ELIGABILITY: Patrons authorized to utilize the facilities of Gaffney Fitness Center, guests excluded.
3. SIGN-UP PROCEDURES:
  - a. Each participant should stop at Gaffney Fitness Center to sign up. Participants can pick up a Swim for Your Life booklet at the front desk or Aquatics office. Booklets are also online at [www.ftmeademwr.com](http://www.ftmeademwr.com), under Rec & Leisure, Athletics & Fitness.
  - b. Participants should consult the Swim for Your Life booklet for any contraindications with starting or continuing an exercise program. If the participant has one or more of the listed contraindications, he/she must get a physician's referral and clearance.
  - c. Participants should officially enter by completing and detaching the entry form and returning it to the Aquatics Manager at Gaffney Fitness Center.
  - d. Recording Scores: Swim for Your Life mileage sheets found in the booklet. Participants may make copies or pick up more sheets at the front desk. A lifeguard at the front desk will sign the mileage log record to verify all distance and times.
4. RULES/PROCEDURES:
  - a. Each participant will receive incentive awards based on achieving specific mileage goals, as follows:
    - 10 miles: A Swim for Your Life Lanyard
    - 25 miles: A Swim for Your Life Water Bottle
    - 50 miles: A Swim for Your Life Baseball cap
    - 75 miles: A Swim for Your Life T-shirt
    - 100 miles: A Swim for Your Life Sweatshirt
  - b. The indoor pool at Gaffney Fitness Center is 25 meters in length. A lap consists of two lengths, a total of 50 meters. One mile is approximately 1,625 meters or 32 laps and one length.
  - c. Each participant will log daily miles swam in the Swim for Your Life booklet.
  - d. Each time a mileage goal has been completed, the participant should bring his/her mileage log to the Aquatics Manager for confirmation and receipt of incentive award.
  - e. The Swim for Your Life program is noncompetitive.
  - f. There is no time limit as when each mile increment must be reached.
  - g. For workouts, check out website [www.swim2000.com](http://www.swim2000.com) on internet, bottom of the page. Another good reference source on swimming is the book Swimming for Total Fitness, by Jane Katz.
5. POINT OF CONTACT: Lauren Williams, Aquatics Program Manager at (301) 677-7916 or by e-mail at [Lauren.L.Williams@conus.army.mil](mailto:Lauren.L.Williams@conus.army.mil)

## SWIMMING PROGRAM GUIDELINES

- ☀ Warm-up for 2-3 minutes and work at a low to moderate pace. The warm-up will prepare your body for the aerobic workout by: increasing your heart rate, increasing your respiration, increasing the blood flow to your muscles, and mentally preparing you for a workout.
- ☀ During the workout, work within your personal fitness level and established medical guidelines. Maintain an exertion level that allows you to keep your breathing under control.
- ☀ After the workout, cool down for 3 minutes. Decrease your speed by using slow fluid movements. The cool down will return the heart rate to normal range.
- ☀ Stretching is very important for maintaining flexibility and injury-free status or of managing a current injury. Stretch at the end of your exercise session. Do not bounce while stretching. Hold each stretch at least 30 seconds.
- ☀ Know your swimming limits and stay within them. Don't try to keep up with someone with stronger skills or encourage others to keep up with you.
- ☀ Drink water frequently before, during and after swimming.
- ☀ Use of kickboards, pull-buoys, zoomer fins, and hand paddles can add variety and intensity to your workout.
- ☀ Fitness improvements in swimming are best measured by comparing changes in distances swam in a given time.
- ☀ Since excessive body fat makes the body more buoyant, overweight individuals will need to swim fast enough to achieve an adequate training intensity.
- ☀ When there are only one or two individuals in a lane, it is custom to swim to one side, splitting the lane. When there are three or more swimmers in a lane, swimmers swim in a counter-clockwise direction.
- ☀ Listen to your body. If you experience pain, stop exercising. If the pain continues after you stop exercising, consult a physician.
- ☀ Know the signs of overexertion: labored breathing, dizziness, loss of coordination, tightness or pain in your chest, nausea or vomiting, and irregularities in your heart rate. If you experience any of the symptoms, stop exercising and consult a physician before continuing your program.
- ☀ Have fun!!!

RUN/WALK/SWIM FOR YOUR LIFE!  
PHYSICIAN REFERRAL GUIDELINES

Participants must receive a physician's clearance if any of the following conditions exist:

1. Apparently healthy individuals age 55 or older
2. Diabetes (Type I & II)
3. Pregnancy
4. Cardiovascular Disease
5. Renal Disease (Kidney)
6. Abnormal EKG
7. Polio/muscular dystrophy
8. Epilepsy
9. Liver Disease
10. High Blood Pressure (greater than 140/90)
11. Taking medications for:
  - a. Cardiac
  - b. Blood Pressure
  - c. Thyroid
  - d. Emotional Anxiety
  - e. Cholesterol
  - f. Diabetes
12. Any serious illness
13. Any musculoskeletal problems or other problems that causes limitations
14. Cardiovascular symptoms:
  - a. Pain/Discomfort in chest
  - b. Heart palpitations
  - c. Shortness of breath
  - d. Pain in legs with exertion
  - e. Dizziness or faintness
15. Arthritis

PATIENTS NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

## PHYSICIAN REFFERAL

Your patient wishes to participate in an exercise program at Fort George G. Meade, Maryland. Participation in this program for individuals over the age of 55, or those who indicated an existing health condition require approval from their physician before beginning this program.

1. Please check any of the following conditions which are pertinent to this patient:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| _____ Coronary Heart Disease         | _____ Hypoglycemia or Diabetes    |
| _____ Congenital Heart Disease       | _____ Claudication                |
| _____ Valvular Heart Disease         | _____ Syncope                     |
| _____ CABG                           | _____ Significant musculoskeletal |
| _____ COPD Disorders (specify) _____ |                                   |
| _____ Hypertension                   | _____ Pregnancy                   |
| _____ Increased LDL or               | _____ Other _____                 |
| _____ Decreased HDL                  | _____                             |

2. Has a stress test shown any significant findings? \_\_\_\_\_  
\_\_\_\_\_

3. Is the patient taking any medications which could have an effect on an exercise program?

\_\_\_\_\_  
\_\_\_\_\_

4. Based on the patient's health status, do you:

\_\_\_\_\_ a. Find no contradictions to participation in an exercise program.

\_\_\_\_\_ b. Because of the factors described above, participation is advised at the following constraints:

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ c. Find inadvisable participation in an exercise program at Fort George G. Meade.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signed: \_\_\_\_\_

**Any questions or comments, please call 301-677-3867.**

FORT GEORGE G. MEADE  
ENTRY APPLICATION  
SWIM FOR YOUR LIFE!

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Unit Department: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If military family member, name and unit of Sponsor: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contradictions to exercise as listed in the Swim for Your Life booklet?

YES \_\_\_\_\_ NO \_\_\_\_\_

Please read and sign that you agree to the following statement:

***To the best of my knowledge, I am in good health and I do not have any of the contradictions listed in the booklet. I voluntarily elect to participate in the Swim For Your Life Program.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to:  
Gaffney Fitness Center  
6330 Broadfoot Road  
Fort Meade, MD 20755-5071



