# Canadian Weightlifting Federation



# Haltérophile Canadienne (CWFHC)

Competition Introduction Planning Tool

*For evaluation and beyond*

**Context: Competition Introduction**



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**Acknowledgments**

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* Dr. François Gravelle Ph.D. (CWFHC),
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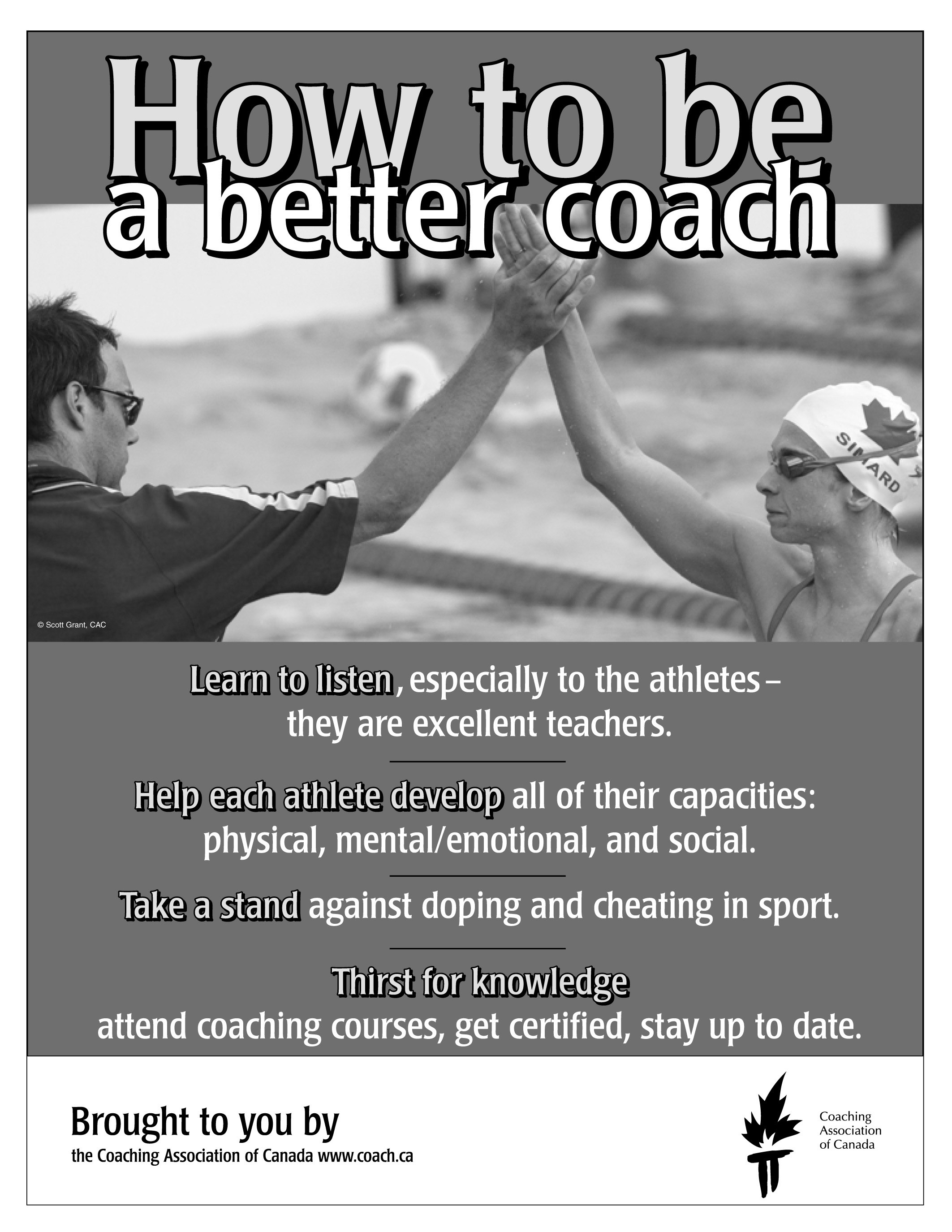




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# CWFHC Competition Introduction Coach Evaluation

This submission provides you with the opportunity to demonstrate the practical application of the concepts as presented in the Competition Introduction Course in the following modules:

* Analyze Performance
* Support the Athlete in Training
* Support the Competitive Experience

You will find a copy of the evaluation matrices and the Competition Introduction Certification Pathway in your course manuals.

# Step 1: Coach Profile:

Please fill out your coach profile, as it will provide the evaluator with valuable information on yourself in view of your evaluation.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coach Profile Form** | | | | | | | | | | | | |
| Name |  | | |  | | | NCCP No. | | | |  | |
| Family Name | | | First Name | | | | | | | | |
| Address |  |  | | | | | | | | | | |
| Apt. | Street | | | | | | | | | | |
|  | | | |  | | | |  | | | |
| City | | | | Province | | | | Postal Code | | | |
| Phone | ( ) | | | | ( ) | | | | ( ) | | | |
| Home | | | | Business | | | | Fax | | | |
| E-mail |  | | | | | | | | | | | |
| Number of years coaching | | |  | | | | | | | | | |
| Primary LTAD stage of athlete coached | | |  | | | | | | | | | |
| Name of club | | |  | | | | | | | | | |
| Head coach | | |  | | | | | | | | | |
| Coaching Context Description | | | | | | | | | | | | |
| Number of athletes | | |  | | | Average practice time | | | | | |  |
| Youngest athlete’s age (y) | | |  | | | Number of practices/week | | | | | |  |
| Oldest athlete’s age (y) | | |  | | | Number of weeks/year | | | | | |  |
| **Checklist** | | | | | | | | | | | | |
| Item | | | | | | | | Yes | | Date (dd/mm/yyyy) | | |
| Step 1: Coach Profile | | | | | | | |  | |  | | |
| Step 2: Athlete Profile | | | | | | | |  | |  | | |
| Step 3: Demonstrate Application of Learning (Analyze Performance) | | | | | | | |  | |  | | |
| Step 4: Demonstrate application of learning: Support the Athletes in Training | | | | | | | |  | |  | | |
| Step 5: Design an emergency action plan (EAP) | | | | | | | |  | |  | | |
| Step 6: Demonstrate Application of Learning (Support the Competitive Experience) | | | | | | | |  | |  | | |
| Step 7: Submit your planning tool as directed for analysis and review | | | | | | | |  | |  | | |
| Step 8: Present your athlete at an accredited competition for competency evaluation | | | | | | | |  | |  | | |
| Step 9: Provide proof that you have passed the Make Ethical Decisions on-line evaluation | | | | | | | |  | |  | | |

# Step 2: Athlete Profile:

Provide us with a profile of your athlete, as this information will help the evaluator appreciate the specificities of your 4 weeks training program.

|  |
| --- |
| **Athlete Profile Form** |
| Name: | Age | Gender | Weight Class |
| LTAD Stage and training age in weightlifting |  | | |
| How long has the athlete trained with you? |  | | |
| General athletic training background of your athlete (e.g. other sports played) |  | | |
| Strengths and weaknesses related to weightlifting |  | | |
| Additional Information |  | | |

# Step 3: Demonstrate Application of Learning (Analyze Performance)

Describe one area in your athletes learning of the Snatch or Clean and Jerk where your athlete has challenges and outline the assistance exercise you used to address this challenge.

|  |  |  |
| --- | --- | --- |
| Area of concern (please describe) | Assistant exercise(s) | Results |
|  |  |  |

# Step 4: Demonstrate application of learning: Support the Athletes in Training

Based on the athlete presented above, describe and justify three basic, weightlifting-specific training principles that you will use to create a four week pre-competition program for them:

|  |  |  |
| --- | --- | --- |
| **Principle** | **Justification** | **Expected results** |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |

# Step 5: Design an emergency action plan (EAP)

Please submit a copy of your Emergency Action Plan as trained in NCCP Multi-sport module “Plan a Practice”. This plan is what you will use during your training sessions with your athlete.

##### Preparing an Emergency Action Plan (EAP) in advance will help you respond responsibly and calmly in an emergency.

Your EAP should be prepared for the facility or site where your practices normally take place or for any facility or site used for special training sessions. An EAP can be simple or elaborate. It should cover the following items:

* Advance designation of the person in charge in an emergency (this may be the coach).
* A fully charged cell phone. If this is not possible, specify the location of a pay phone and have spare change available.
* Emergency telephone numbers (facility manager, fire, police, ambulance), as well as contact numbers (parents/guardians, next of kin, family doctor) for athletes.
* A medical profile for each athlete that can be given to emergency medical personnel. Include a signed consent from the parent/guardian authorizing medical treatment in an emergency.
* Directions to the site for Emergency Medical Services (EMS) so they can reach the site as rapidly as possible. Include information such as the closest major intersection, one- way streets, and major landmarks.
* An accessible and properly stocked first aid kit (all coaches are strongly encouraged to pursue first aid training).
* Advance designation of a call person who contacts medical authorities and assists the person in charge. The call person should be able to provide precise instructions to drivers of emergency vehicles so that they can reach the facility as quickly as possible.

Use the templates on the following to prepare your EAP

|  |  |  |
| --- | --- | --- |
| **Emergency Action Plan** | | |
| **Emergency Phone #s** | **911**  **Coach: Tel: ( )**  **Coordinator: Tel: ( )** | **Checklist**   * Location of telephones is identified. * Emergency telephone numbers are listed. * Cell-phone battery is charged. * Change is available to make phone calls from a pay phone. |
| **Facility Address** | **Address oftraining site:**  **Address of Nearest Hospital:** | **Directions**  Accurate directions to site: |
| **Charge Person** | **Name: Tel: ( )**  **Alternate 1: Tel: ( )**  **Alternate 2: Tel: ( )** | **Roles and Responsibilities:** |
| **Call Person** | **Name: Tel: ( )**  **Alternate 1: Tel: ( )**  **Alternate 2: Tel: ( )** | **Roles and Responsibilities:** |
| **Participant Information** | |  |
| **First Aid Kit** | |  |

**Medical Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete Name:** | |  | | | | | |
| Birth Date (dd/mm/yyyy) | |  | | Age |  | Male  | Female  |
| Address | | Street | | | | | |
|
|  |  | | |  | |
| City | Province | | | Postal Code | |
| Health Insurance Number | |  | | | | | |
| **Names of Parents/Guardians** | |  | | | | | |
| Address | |  | | | | | |
| Street | | | | | |
|  |  | | |  | |
| City | Province | | | Postal Code | |
| Telephone | |  |  | | |  | |
| Home | Work | | | Cell | |
| **Family Doctor** | |  | | | |  | |
| Name | | | | Phone | |
| **Health History** | | **Details:** | | | | | |
| Allergies | Yes \_No \_ |  | | | | | |
| Asthma (Respiratory) | Yes \_No \_ |  | | | | | |
| Blackouts/ Fainting | Yes \_No \_ |  | | | | | |
| Chest pain | Yes \_No \_ |  | | | | | |
| Diabetes | Yes \_No \_ |  | | | | | |
| Epilepsy | Yes \_No \_ |  | | | | | |
| Hearing disorder | Yes \_No \_ |  | | | | | |
| Heart condition | Yes \_No \_ |  | | | | | |
| Recurring headaches | Yes \_No \_ |  | | | | | |
| Seizures | Yes \_No \_ |  | | | | | |
| Glasses | Yes \_No \_ |  | | | | | |
| Contact lenses | Yes \_No \_ |  | | | | | |
| Injuries (specify) | Yes \_No \_ |  | | | | | |
| Medications (specify) | Yes \_No \_ |  | | | | | |
| Other (including recent surgery) | Yes \_No \_ |  | | | | | |

# Step 6: Demonstrate Application of Learning (Support the Competitive Experience)

## Outline of the evaluation process

Prepare your athlete for his or her first Olympic Weightlifting Competition:

* Outline what you will be addressing with your athlete to prepare him or her to attend the competition.

Present a 4-week pre-competition training plan which culminates in the athlete being ready to compete in their first competition.

**Your submission should be on no more than 5 pages.**

Notes:

* Use the Excel template to complete this step and outline your 4-week training program
* Athletes should train 3 days per week maximum
* The primary focus of training should be the Snatch and Clean and Jerk
* Assistance exercise(s) included should address the challenges identified above for the athlete
* The athlete should engage in a “mock completion”, at some point in the 4 weeks and practice the warm-up procedure at this time
* The final week should be a taper week with a reduced load and intensity
* You should review with the athlete what to expect at the competition, including:
  + The weigh-in procedure, and
  + Warm-up and timing.

## Training Plan

* Days of training e.g., Mon, Wed, Fri,
* List of exercises: 3-4 e.g. Snatch, Clean, Clean Pulls, Front Squat
* The sets and reps (e.g. volume) you are going to do for each exercise
* What weight the athlete will be lifting (e.g. intensity) for each repetition

**Please refer to the Support the Competitive Experience module for further reference**

## Competition Performance Planning

* Best lifts at start of 4 week program: Snatch Clean and Jerk
* Competition performance goals Snatch Clean and Jerk
* Planned warm up for both the Snatch and Clean and Jerk
* Planned mental strategies for effective competition
* Planned attempts: 1st 2nd & 3rd for both Snatch and Clean and Jerk

Note 1: You have a sample warm up plan in the **Support the Competitive Experience** module.

Note 2: Please ensure you review the material in **Support the Competitive Experience** as to how you should interpret the “Start List”, to know when your athlete will start lifting at the competition

# Step 7: Submit your planning tool as directed for analysis and review

# Step 8: Present your athlete at an accredited competition for competency evaluation

* Ensure that the name, location, and date of the competition is actually recorded somewhere in the Competition Plan

# Step 9: Provide proof that you have passed the Make Ethical Decisions on-line evaluation

Do the following in the order specified:

1. Participate in the Make Ethical Decisions multi-sport training module. This module is available through provincial or territorial Coaching Associations. The evaluation can be completed without taking the course but the Make Ethical Decisions (MED) module online at [www.coach.ca](http://www.coach.ca/) will increase your familiarity with the NCCP ethical decision-making process.
2. Complete the on-line evaluation (Competition - Introduction) MED online evaluation, to do this go to [www.coach.ca](http://www.coach.ca/) and follow the directions. This page provides all of the information needed to complete the evaluation.
3. Access your transcript in The Locker, and provide a copy of it as part of your submission. It will include a record of your successful completion of your online evaluation