



Some reasons you should join (or start) a Registered CrossFit Kids Program...

IT IS SAFE ^{1 2 3 4}

One of our highest priorities in the CrossFit Kids program is education: To give trainers the information, skills, and resources to provide kids with a safe and effective experience. All CrossFit Kids trainers must be CrossFit Level 1 Certificate holders and have completed the entire two-day CrossFit Kids Trainer Course. Additionally, all trainers must maintain a current annual background check. We espouse a strict adherence to the CrossFit Charter (Mechanics–Consistency–Intensity), knowing that in many cases the progression to higher load and intensity will take place over years (versus weeks or months). Programming for different age groups meets them at their developmental level, not only physically, but also cognitively and emotionally.

BENEFICIAL ^{5 6 7 8 9 10 11 12 13 14 15}

As our culture becomes increasingly convenient, kids have proportionately fewer opportunities to use their bodies as they are designed to be used: in motion. For normal development to occur, kids need to be exposed to a large variety of motor and sensory experiences and it is becoming harder and harder for parents to provide safe, effective, and affordable options. CrossFit Kids is specifically designed to provide a constantly varied diet of exercises that not only promotes health and fitness, but kids who participate regularly will most likely also demonstrate improved academic performance and psychosocial benefits.

INCLUSIVE

CrossFit Kids is a particularly potent expression of the infinite scalability of CrossFit.

Movement selection and rep schemes can be scaled for level of fitness and relative developmental maturity, as well as for a broad range of both physical and cognitive disabilities. The predictable format of each class and recommended focus on reinforcing positive behaviors can allow kids with attentional or behavioral disabilities to integrate in to group classes more successfully than with traditional large group activities.

FOR KIDS, MORE WEIGHT DOES NOT NECESSARILY EQUAL MORE STRENGTH. ^{2 8}

No doubt about it, it's super cool to watch kids get strong. It can be really tempting for kids, (and their parents and trainers) to want to keep adding more weight to a lift. Since quality of movement is of utmost importance for all CrossFit Kids programs, this can introduce a challenging dilemma.

The truth of the matter is that, prior to puberty, kids do not have sufficient amounts of testosterone to gain strength through the process of muscle hypertrophy. Instead, kids increase their functional strength by reinforcing neuromotor pathways via repetition of movements. Lifting more weight does not significantly influence strength gains but it does significantly influence injury risk. CrossFit Kids recommends keeping loads light and focusing on high quality, high repetition movements until hormonal maturity is reached.

TEENS OFTEN SEE GREATER PERFORMANCE GAINS IF THEY TRAIN WITH THEIR PEERS. ^{16 17 18}

Teenagers are not children and, in general, aren't super interested in the fun and games that are hallmark to our CrossFit Kids and Preschool classes. However, they are not operating with the same skill set as our adult clients either. The CrossFit Teens program is designed to capitalize on the fact that adolescent bodies typically have less wear and tear, fully functional vestibular systems, and shorter recovery times than your average adult client. Plus, it allows trainers to set age appropriate behavioral guidelines and encourages team building and social development.

If you want more info about all this and more, contact crossfit.kids@crossfit.com and register for a *CrossFit Kids Trainer Course* near you!

¹ Academy of Pediatrics Council on Sports Medicine and Fitness. Strength Training by children and adolescents. *Pediatrics* 121(4): 835-840, April 2008. <http://www.ncbi.nlm.nih.gov/pubmed/18381549>.

² Faigenbaum AD et al. Youth resistance training: Updated position Statement paper from the National Strength and Conditioning Association. *Journal of Strength and Conditioning Research* 23(5 Suppl): S60-S79, August 2009. <http://www.ncbi.nlm.nih.gov/pubmed/1962093>

³ Frush TJ and Lindenfield TN. Peri-epiphyseal and overuse injuries in adolescent athletes. *Sports Health*: 1, 201-211, 2009. <http://www.ncbi.nlm.nih.gov/pubmed/23015873>

⁴ <http://www.stopsportsinjuries.org>

⁵ Aberg, MAI et al. Cardiovascular fitness is associated with cognition in young adulthood. *Proceedings of the National Academy of Sciences of the United States of America* 106(49): 20906-20911, December 8, 2009. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2785721>

⁶ Behm DG et al. Canadian Society for Exercise Physiology position paper: Resistance training in children and adolescents. *Applied Physiology, Nutrition, and Metabolism* 33(3): 547-561, June 2008. <http://www.ncbi.nlm.nih.gov/pubmed/18461111>

⁷ Etnier JL et al. The influence of physical fitness and exercise upon cognitive functioning: A meta-analysis. *Journal of Sport & Exercise Physiology* 19(3): 249-277, 2002. <http://cabdirect.org/abstracts/19981807108.html>

⁸ Faigenbaum AD and Myer GD. Pediatric resistance training: Benefits, concerns, and program design considerations. *Current Sports Medicine Reports* 9(3): 161-168, May/June 2010. <http://www.ncbi.nlm.nih.gov/pubmed/20463500>.

⁹ Hillman CH et al. The effect of acute treadmill walking on cognitive control and academic achievement in preadolescent children. *Neuroscience*. 159(3): 1044-1054, March 31, 2009. <http://www.ncbi.nlm.nih.gov/pubmed/19356688>

¹⁰ National Institute for health and Clinical Excellence. Promoting physical activity, active play, and sport for pre-school and school-age children and young people in family, pre-school, school, and community settings. *Public Health Guidance* 17:1-89, January 2009. <http://publications.nice.org.uk/promoting-physical-activity-for-children-and-young-people-ph17>

¹¹ Medina, John. *Brain Rules: 12 Principles for Surviving and Thriving at Work, Home, and School*. Seattle. Pear Press. 2008

¹² Ratey, John J. *Spark: The Revolutionary New Science of Exercise and the Brain*. New York. Little Brown & Co. 2008.

¹³ Skerry TM. Mechanical Loading and bone: What sort of exercise is beneficial to the skeleton? *Bone* 20(3): 179-181, March 1997. <http://www.ncbi.nlm.nih.gov/pubmed/9071466>

¹⁴ Tomporowski PD et al. Exercise and children's intelligence, cognition, and academic achievement. *Educational Psychology Review* 20(2): 11-131, 1 June 2008. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2748863/>

¹⁵ Zoladz JA and Pilc A. The effect of physical activity on the brain derived neurotrophic factor: From animal to human studies. *Journal of Physiology and Pharmacology* 61(5): 533-541, October 2010. <http://www.ncbi.nlm.nih.gov/pubmed/21081796>

¹⁶ Beets MW et al. Social support and youth physical activity: The role of provider and type. *American Journal of Health Behavior* 30(3): 278-289, May 2006. <http://www.ncbi.nlm.nih.gov/pubmed/16712442>.

¹⁷ DeBecker, G. *Protecting the Gift: Keeping Children and Teenagers Safe (and Parents Sane)*. NY: Dell. 2000.

¹⁸ Voorhees CC et al. The role of peer social network factors and physical activity in adolescent girls. *American Journal of Health Behavior* 29(2): 183-190, 2005. <http://www.ncbi.nlm.nih.gov/pubmed/15698985>.