

NYSCOS ANNUAL PHYSICAL FITNESS TEST

NAME: _____ AGE: _____ Date: _____

TARGET PERFORMANCE: (Circle Age Group and Correct Level for Each test)

<u>AGE</u>	AEROBIC ENDURANCE TEST 12 MINUTES <u>DISTANCE (LAPS)</u>	100/50 METER DASH <u>TIME (SEC)</u>	STAGGERED RUN (5+10+15+20+25) <u>TIME (SEC)</u>
UNDER 30	2400 M (6.0)	16 100M	45
30-37	2200 M (5.5)	17 100M	47.5
38-45	2000 M (5.0)	9.0 50M	50
OVER 45	1800 M (4.5)	9.5 50M	52.5

This fitness test is an attempt to help you become more physically prepared for the upcoming season. Please consult *your* physician before undertaking the rigor of this fitness test and of Soccer officiating.

I have chosen to participate voluntarily in the NYSCOS fitness test. I consciously choose to participate with or without my physicians' consent. I waive all legal rights for claims of any nature whatsoever against NYSCOS or any person(s) representing NYSCOS for any injury sustained while participating in these activities.

Signature of Test Site Coordinator
X _____

Signature of Participant _____ DATE _____