AVON POLICE DEPARTMENT PHYSICAL FITNESS EVALUATION

Name: _____

Street Address: _____

City/State/Zip: _____

SSN#: _____ **DOB:** _____ **Age:** _____

Male/Female: _____ **Contact #:** _____

E-Mail: _____

Who to notify in case of emergency: _____

Relationship: _____ **Contact #:** _____

Initial

I certify that I have a physician's approval to engage in strenuous activity

I understand that the City of Avon is not responsible for injuries or lost property _____

All of the above information is truthful and any wrong or misleading information

may cause my disqualification

TEST	Number of Completed reps	Time of Completed reps	Tester Initials
SIT UPS		1-Minute	
PUSH UPS		1-Minute	
1.5 MILE RUN			

Signature of Test Administrator

Signature of Test Applicant

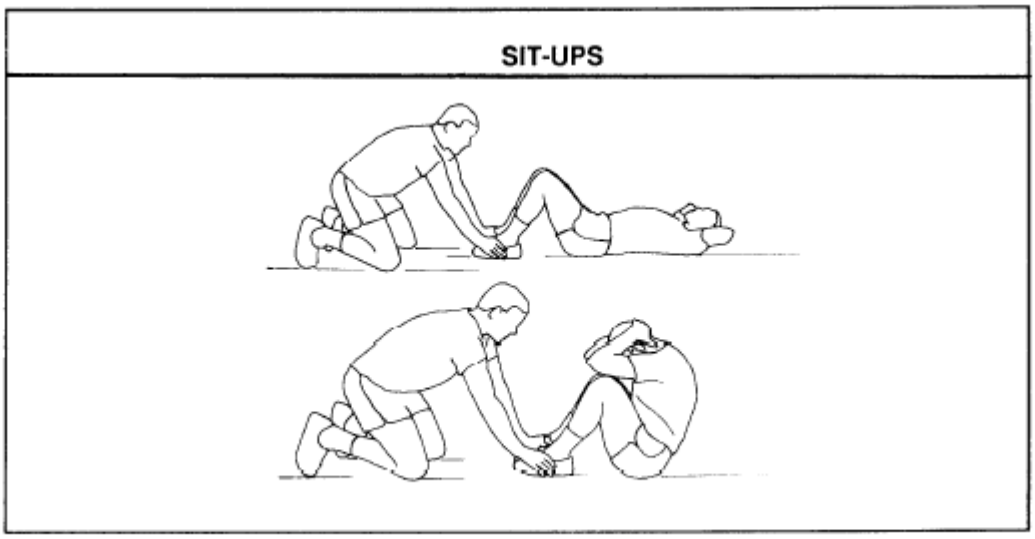


Figure 14-5

1-MINUTE SIT-UPS TEST

The purpose of this test is to measure abdominal muscular endurance.

PROCEDURE

1. The test will count the number of correct sit-ups completed in 1 minute.

2. To start the test the applicant will be lying on the ground with their knees bent, feet flat on the floor and fingers interlaced and held behind the head. The neck should remain in a neutral position without pulling or yanking on the head with the hands.

3. A tester will hold your feet down firmly with only their hands.

4. The up position is obtained when the elbows touch the knees. The down position is obtained when the shoulder blades touch the floor.

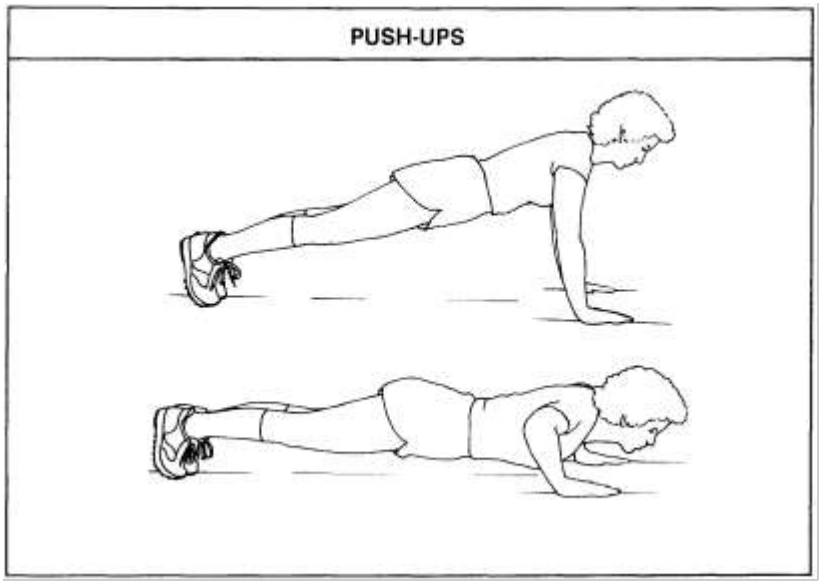
5. If it is necessary to rest during the test, you may only do so in the up position, while still maintaining your fingers interlaced behind your head.

6. Breathing during the test should remain as normal as possible by exhaling on the way up and inhaling on the way down. At no time should you hold your breath.

7. A correct sit-up will be counted each time the up position is met while maintaining proper form. Correct sit-ups will be indicated by a tester verbally announcing the number completed or if not counted, then the counter will indicate why not counted.

8. If any time the form is broken by raising the buttocks, unlocking the fingers, not going all the way up, pulling on the head, or any deviation from protocol, then the incorrect sit-up will not be counted. If the continual incorrect form is deemed unsafe to your health, then the test may be terminated.

9. To pass the test, you must be at or above the 50 percentile for your age and gender.



1-MINUTE PUSH-UPS TEST

The purpose of this test is to measure muscular endurance of the upper body (anterior deltoid, pectoralis major, and triceps).

PROCEDURE

1. The test will count the number of correct push-ups completed in 1 minute.

2. Prior to starting the test, you will lie on the ground face down, feet together, hands slightly wider then shoulder width apart, and fingers pointed forward. Your body will form a straight line from the ankles, through the knees, hips, back, and shoulders to the head.

3. To start the test, you will be in the up planked position where the body forms a straight line from the head to the ankles with the head in a neutral position, arms at a soft extension, and feet together. A tester will place a 3-inch high sponge on the ground under your chest in the middle of the sternum to verify that the down position has been obtained. You must touch your chest to the sponge in order to perform a correct push-up.

4. If you are a female and are performing the MODIFIED push-up test, you must do the following: Prior to beginning the test, you will lie on the ground face down, knees together and flexed at a 90 degree angle, feet crossed and in the up position, hands slightly wider than shoulder width apart and slightly in front of

the shoulders, and fingers pointed forward. Knees will be supported by a mat. Your body will form a straight line from the knees, through your hips, back, and shoulders to the head.

5. To start the test, you will be in the up planked position where your body forms a straight line from the head to the knees with the head in a neutral position, arms at a soft extension and feet together. A 3-inch sponge will be placed on the ground under your chest in the middle of the sternum to verify that the down position has been obtained. You must touch your chest to the sponge in order to perform a correct push-up.

6. If it is necessary to rest during the test, you may only rest in the up position while maintaining the up planked position where the body forms a straight line from the head to the ankles with the head in a neutral position, arms at a soft extension while maintaining proper form. Correct push-ups will be indicated by a counter announcing the number completed or they will indicate why not counted.

7. If at any time form is broken by raising or piking the buttocks, sagging the midsection of the body, arching the back, lifting a hand or foot, not going all the way down or up, lifting the neck, or any deviation from the protocol, then the incorrect push-up(s) will not be counted. If the continual incorrect form is deemed unsafe to your health, then the test may be terminated.

8. To pass the test, you must be at or above the 50 percentile for your age and gender.

1.5 MILE RUN TEST

The purpose of the 1.5 mile run test is to measure cardiorespiratory fitness.

PROCEDURE

1. The test will measure the time required to run 1.5 miles.

2. Prior to the test, the applicant should warm-up per your normal training regimen.

3. To start the test you will gather at the start line. At the signal, begin to run as fast as possible until you reach the finish line or complete the correct number of laps, which is 6 laps.

4. During the test, pacing devices, external assistance, or devices that impair individuals from hearing instructions will be prohibited. Lap times will be provided during the test.

5. As you cross the finish line, your time will be recorded in minutes and seconds. The finish time will be used to estimate your cardiorespiratory fitness level.

6. After finishing the test, continue to walk slowly for 5 minutes to cool-down. Do not stop moving.

7. If any applicant runs astray of the described course, or utilizes any external assistance or any deviation from protocol, then the test will be terminated and results will not be recorded. If you feel any distress during or after the test, inform a test administrator and do not continue.

8. To pass the test, you must be at or above the 50 percentile for your age and gender.

CITY OF AVON-POLICE DEPARTMENT---PHYSICAL FITNESS REQUIREMENTS

Age and Gender Minimum Scores

	Males (20-29)	Females (20-29)
SIT-UPS (1 MIN)	40	35
PUSH-UPS (1MIN)	33	18
MODIFIED PUSH-UP (1 MIN)	-----	26
1.5 MILE RUN	11:58	14:15
	Males (30-39)	**Females (30-39)**
SIT-UPS (1 MIN) PUSH-UPS (	36	27
1 MIN) MODIFIED PUSH-UP (	27	14
1 MIN)	-----	21
1.5 MILE RUN	12:25	15:14
	Males (40-49)	**Females (40-49)**
SIT-UPS (1 MIN) PUSH-UPS (	31	22
1 MIN) MODIFIED PUSH-UP (	21	11
1 MIN)	-----	15
1.5 MILE RUN	13:05	16:13
	Males (50-59)	**Females (50-59)**
SIT-UPS (1 MIN)	26	17
PUSH-UPS (1 MIN)	15	MODIFIED ONLY *13
1.5 MILE RUN	14:33	18:05
	Males (60-69)	**Females (60-69)**
SIT-UPS (1 MIN)	20	8
PUSH-UPS (1 MIN)	15	MODIFIED ONLY *8
1.5 MILE RUN	16:19	20:08

CITY OF AVON-POLICE DEPARTMENT

ASSUMPTION OF RISK WAIVER & RELEASE APPLICATION

Name of Student (Print): _____

Address: _____

City/State: _____ Zip: _____

Date: _____ Phone #: _____

I understand that there may be inherent risks, dangerous conditions or harmful consequences of my participation in the City of Avon Police agility test. I further understand that there are both known and unknown risks. I acknowledge that although The City of Avon has made every reasonable effort to insure safety, there are unavoidable risks involved in an activity of this type.

Because of the dangers and risks of participating in these activities, I recognize the importance of following facilitators' instructions regarding techniques, training, rules, other safety standards, and to obey such instructions.

I accept full responsibility for safety and well being while participating in this activity and I understand that I am giving up specific legal rights by signing this document.

I acknowledge that I am 18 years of age. I do hereby agree to hold The City of Avon, its employee and affiliates, harmless and indemnify them from any loss, damages, costs, or expenses which may be sustained or incurred by me as a result of participation in this activity.

I hereby consent to first aid, emergency medical care and, if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with The City of Avon. I agree to be financially responsible for any and all medical care.

I have read and executed this document with full knowledge of its significance.

Name of participant (please print): _____

Signature of participant: _____ Date: _____