

NYSCOS ANNUAL PHYSICAL FITNESS TEST

NAME _____ AGE _____ DATE _____

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

AGE	AEROBIC ENDURANCE TEST		50/100 METER DASH		STAGGERED RUN	
	12 MINUTES				(5+10+15+20+25) YARDS	
	DISTANCE (LAPS)		TIME (SEC)		TIME (SEC)	
	TARGET	COMPLETED	TARGET	TIME	TARGET	TIME
Under 30	2400 M (6.0)		16	100 M	45.0	
30- 37	2200 M (5.5)		17	100 M	47.5	
38- 45	2000 M (5.0)		9.0	50 M	50.0	
OVER 45	1800 M (4.5)		9.5	50 M	52.5	

This fitness test is an attempt to help you become more physically perpared for the up coming season. Please consult your physican 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 wave all legal rights for claims of any nature whatsoever egoist NYSCOS or any person(s) representing NYSCOS for any injury sustained while participating in these activities

Signature of Participant _____ Date _____

Signature of Test Site Coordinator _____ Date _____