

**2<sup>nd</sup> Southeastern Regional LawFit Challenge  
Desoto County, MS.**

**Thursday, Friday & Saturday June 9-11, 2011**

**\*\*Registration Forms due by Friday May 27, 2011\*\***

**APPLICANT INFORMATION**

(Please type or print legibly.)

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Do you require special accommodations under provision of the Americans with Disabilities Act? Y  N

If yes, please state the nature of the accommodation required:

**EXPRESSED ASSUMPTION OF RISK**

I authorize that \_\_\_\_\_ is fit for full duty as a law enforcement officer and he/she is physically able to participate in the Southeastern Regional LawFit Challenge. I further recognize that this event's physical activities (**one repetition maximum bench press, 60-second sit-up test, sit & reach flexibility test, maximum repetition pull-up test, 1.5 mile run, and 200 yard suspect pursuit**) have the potential to put significant stress on the cardiovascular and musculoskeletal systems of participants.

Signature of participating officer: \_\_\_\_\_

Signature of agency supervisor: \_\_\_\_\_

Print name and address of agency supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration PRIOR to: May, 13- \$60. Registration AFTER: May, 13- \$75. Registration made payable to: Thomas E. Tuggle II**

**Mail this form and your registration check to:**

**Thomas E. Tuggle II**

**Southeastern LawFit Coordinator**

**P.O. Box 163**

**Hernando, MS. 38632**

**Phone: 901-262-1064/601-933-2100**

**Email: mrt2usmc@msn.com**

**Visit: [www.lawfit.org](http://www.lawfit.org)**