

LawFit Fitness Leadership Workshop Registration Form

DCJS Standards and Training

*Please fill out form completely and return by registration deadline (2 weeks prior to workshop)

***CIRCLE THE WORKSHOP TO BE ATTENDED!**

EVENT INFORMATION

Location: George Mason University Field House --- Fairfax, VA

Dates: Thursday- Saturday: **7-9 April** **16-18 June** (8:00am-5:00pm)

Registration Deadlines: 25 March 3 June

Registration Fee: \$400.00 per person; 2 or more from the same agency \$300.00 per person

Checks made payable to: **LAWFIT**

APPLICANT INFORMATION

Participant's Name: _____ DOB: _____ Gender M F

Agency Name: _____

Agency Address: _____

Work #: _____ Cell #: _____ E-mail: _____

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 is physically able to participate in the LawFit Fitness Leadership Workshop. I further recognize that the workshop's physical activities including, but not limited to (**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 Agency Supervisor: _____

Print name and address of Agency Supervisor _____

Phone Number: _____ Fax Number: _____ Email: _____

Mail this form & registration fee to:

Dr. David Bever
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