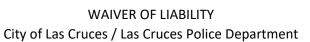


Las Cruces Police Department

Physical Fitness Assessment Waiver/Exam



Name (Please Print):					Age:	S	ex:
Driver's License Number:					State:	: Expire	s:
Address: P					one Numbe	r:	
City:					_ State: _	ZIP:	
Nex of Kin:							
Relationshi	p:			ber:			
Cruces Poli may either testing, tra the giving o undersigne	ce Departm directly or i ining and in of testing, tr ed, his/her h	ent, any me indirectly su struction I v aining, and eirs, and ass	ember of the istain as a revill receive a instruction. signees.	e staff, any o esult of my p at the Police This agree	of its emplor participation Academy o	City of Las Cruce yees or any train in any part or por other location be binding upon t	ee, which I hase of the selected for
		BELC.	NV PORTION	IS FOR LCPD	INSTRUCTOR	ONLY	
		DLLC	, romon	15 TON LET D	II VOITE CON	ONET	
Description	of Applicar	nt:					
Shoe brand/color:					Shirt brand/Color:		
Bottom brand/color:					Other attire description:		
		PO	OLICE ENTR	ANCE FITNE	SS STANDAF	RDS	
Aerobic Power / 1.5 mile run / 15:14 (minutes:seconds) or less							
Lap 1	Lap 2	Lap 3	Lap 4	Lap 5			min sec.
						Pass: □	Fail: □
Angereh	ic Power / 30	10 matar run	/ 71 0 cocon	de or loss			
				us of less			
Final Time: min sec. Pass: □ Fail: □ NA, Failed Previous: □						INSTRUCTOR NAME / CALL SIGN	
Muscular Endurance / 1 min max sit-ups / 27 reps or more							
Total: reps						INSTRUCTOR SIGNATURE	
Pass: 🗆] Fail: [⊔ NA,	Failed Previ	ous: 🗆			
Upper Body Strength / 1 min max push-ups / 15 reps or more						DATE OF A	ASSESSMENT
	Tot	:al: r	eps				
Pass: 🗆] Fail: [□ NA,	Failed Previ				