Northern Virginia Criminal Justice Training Academy
2009 Fitness Challenge Registration Form

Registration Fee: $20.00 *(Checks Made Payable to Special Olympics Virginia)*

Send To:

Fitness Challenge
NVCJTA
45299 Research Place
Ashburn, VA 20147

Mail this form or bring it to the competition

(***Competition Day September 19th***
0900 at the Academy)

Name: _____Shirt Size: _____

Agency: _____

Contact Number: _____DOB: _____Sex: _____

Email: _____

Are you presently taking any medications? Yes: ☐ No: ☐

If so, please indicate what medications and the reason(s):

_____

_____

_____

_____

I understand that the NVCJTA Fitness Challenge involves maximal physical exertion. I understand that NVCJTA is not liable for any injury or health problems related to my participation in this competition. I hereby take full responsibility for any accidents or injuries that may occur.

_____

Signature **Date**

In case of emergency contact: Name: _____

Phone: _____