

THE CANADIAN SOCCER ASSOCIATION

l'Association canadienne de soccer

237 Metcalfe St. Ottawa, Ontario K2P 1R2

Tel: (613) 237-7678, Fax: (613) 237-1516

FITNESS TEST FORM [FOR REFEREES]

Name: _____

All Nominated National, National and FIFA referees must undergo three(3) supervised and FIFA-approved fitness tests annually - by May 15, July 1 and September 1, adhering to the following criteria:

Test #	Distance	Value Recorded
1	50 metre sprint (7.5 seconds)- Men 50 metre sprint (9.0 seconds)- Women	_____
2	200 metre run (32 seconds)- Men 200 metre run (37 seconds)- Women	_____
3	50 metre sprint (7.5 seconds)-Men 50 metre sprint (9.0 seconds)- Women	_____
4	200 metre run (32 seconds)- Men 200 metre run (37 seconds)- Women	_____
5	12 minutes run (2,700 m)- Men 12 minutes run (2,400 m)- Women (walking not permitted)	_____

Date taken: _____

Place taken: _____

Supervisor: _____

Supervisor Signature: _____

**The Referee Medical Form must be presented to the
Physical Fitness Supervisor prior to taking the fitness test.**

Please complete and return this form to:

Canadian Soccer Association
237 Metcalfe St.
Ottawa, Ontario K2P 1R2
fax 613-237-1516