

PHYSICAL ABILITY STAMINA TEST (PAST) WORKSHEET																
I. TEST INFORMATION																
DATE			START TIME		TEST SITE (NAME/ADDRESS)											
RECRUITER/ EVALUATOR (<i>Rank, Last, First, MI</i>)					RIC CODE		UNIT		Circle: NPS PS RET/Crossflow AD Guard/Reserve							
II. APPLICANT'S INFORMATION																
NAME (<i>Last, First, Middle Initial</i>)							Applicant ID:			Flight						
III. TEST RESULTS																
TEST COMPONENT					Final Results											
							SWOE		PJ/CCT/TACP/SR		TACPO		STO/CRO		EOD	
Pull-ups in 2 Minutes (1 Minute STO/CRO) Total Repetitions:					8 P F		8 P F		8 P F		12 P F		3 P F		8 P F	
2-Minute Rest Period																
Sit-ups in 2 Minutes Total Repetitions:					50 P F		50 P F		50 P F		75 P F		Not Tested		48 P F	
2-Minute Rest Period																
Push-ups in 2 Minutes Total Repetitions:					40 P F		40 P F		40 P F		64 P F		Not Tested		40 P F	
10-Minute Rest Period																
1.5 Mile Run or 3 Mile Run (STO/CRO)																
Lap Times (<i>Use spaces as needed for test facility</i>)																
1. 2. 3. 4. 5.																
6. 7. 8. 9. 10.																
11. 12. 13. 14. 15.																
16. 17. 18. 19. 20.																
21. 22. 23. 24. 25.																
Lap Distance _____ Finish Time:					10:20 P F		10:20 P F		10:20 P F		22:00 P F		11:00 P F		11:00 P F	
30-Minute Rest Period																
25m UnderwaterSwim 1					Finish P F		Finish P F		Finish P F		Finish P F		Not Tested		Not Tested	
3-Minute Rest Period																
25m UnderwaterSwim 2					Finish P F		Finish P F		Finish P F		Finish P F		Not Tested		Not Tested	
10-Minute Rest Period																
500m Surface Swim or 1500m Surface Swim (STO/CRO)																
Lap Times (<i>Use spaces as needed for test facility</i>)																
1. 2. 3. 4. 5.																
6. 7. 8. 9. 10.																
11. 12. 13. 14. 15.																
16. 17. 18. 19. 20.																
21. 22. 23. 24. 25.																
Lap Distance _____ Finish Time:					15:00 P F		12:30 P F		12:30 P F		32:00 P F		Not Tested		Not Tested	
PAST QUALIFIED FOR CAREER FIELD					Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
IV. CERTIFICATION																
APPLICANT: I certify that I was administered the PAST and have validated all information on this worksheet.					APPLICANT'S SIGNATURE						DATE:					
TEST ADMINISTRATOR CERTIFICATION:					ADMINISTRATOR (<i>Printed Name</i>)						DATE:					
I certify that I am trained and certified to conduct the PAST and that the applicant named above was tested at the recorded time and location, and performed as recorded above.					ADMINISTRATOR SIGNATURE:						UNIT:					
					EMAIL:				PHONE:							
COMMANDER or SUPERINTENDENT ENDORSEMENT: I certify that the Test Administrator above is fully qualified to administer the Physical Ability and Stamina Test (PAST).					Name, Rank (<i>Printed</i>):						UNIT:					
					SIGNATURE:						DATE:					

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

PLEASE READ CAREFULLY AND FILL IN YOUR NAME BEFORE SIGNING

I (name of participant) _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of the physical activities involved in the Physical Ability and Stamina Test (PAST) and the physical development sessions administered by T3i, Inc.

I hereby state I am in good physical condition and health, and I know of no medical symptoms, conditions, illnesses, or other ailments which would be aggravated, worsened, or in any way adversely affected by my participation in the PAST/physical development activities.

I hereby state that I am voluntarily participating in the PAST and physical development sessions because I desire to be classified into the Spec Ops/Combat Support career fields. I agree to follow the directions and orders of the Air Force personnel directing these activities. I agree to immediately notify these personnel of any physical pain, shortness of breath, or discomfort during these activities.

In consideration for being allowed to participate in these activities, I hereby personally assume all risks in connection with said activities, for any harm, injury, or damage that may befall me while I am taking the PAST or physical development sessions, including all risks connected with these activities. Also, I understand that neither the Air Force nor the United States government provides any medical care in the event I am injured while participating in these physical activities.

I hereby exempt, release, and hold harmless the United States government and the United States Air Force, their employees, agents, officer, director, representatives, and any other person from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my participation in this activity. I further state that I am of lawful age and competent to sign this liability release.

This agreement shall be interpreted according to federal law. It shall be as broad and inclusive as permitted by pertinent federal law.

Participant's Full Name

Witness' Full Name

Signature of Participant

Date

Signature of Witness

Date

IF PARTICIPANT IS UNDER THE AGE OF 18, COMPLETE THE FOLLOWING

I am the parent or legal guardian of (name of participant) _____ understand the above hold harmless agreement between my child and the United States. By signing this agreement, I agree to release, acquit, and forever discharge the United States Air Force, their employees, agents, officer, director, representatives, and any other person or entity in interest with them from any and all liability whatsoever, including all claims, demands, or causes of action of any kind and nature I, my minor child, my heirs, executors, or assigns may have or ever claim to have that may occur or arise by reason of my child's participation in the PAST and physical development activities.

Parent or Guardian's Full Name

Participant's Full Name

Signature of Parent or Guardian

Date

Signature of Participant

Date

Emergency Contact Information

Name

Relationship

Phone Number

SW/CS REGISTRATION FORM



SW/CS REGISTRATION FORM

LAST NAME, FIRST NAME, MI				SHIP NO EARLIER THAN	
DATE OF BIRTH		GENDER		CAREER	
STATUS		FLIGHT (Recruiter write in)		DFID (Recruiter write in)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
PRIMARY PHONE		SECONDARY PHONE		EMAIL ADDRESS	
RACE		MARITAL STATUS		HIGHEST EDUCATION COMPLETED	

CITY OF BIRTH		STATE OF BIRTH		COMMUNITY WHERE YOU GREW UP					
YOUR FAVORITE SCHOOL SUBJECT			YOUR CURRENT EMPLOYMENT						
YOUR HOBBIES OR INTERESTS (Separate with Commas)									
PARENTS' MARITAL STATUS		FATHER'S OCCUPATION		MOTHER'S OCCUPATION					
NUMBER OF SISTERS			NUMBER OF BROTHERS						
FAMILY MILITARY CONNECTIONS Relationship to you and Branch (Army, Navy, USAF, USMC)									
VARSITY LEVEL (OR HIGHER) SPORTS PARTICIPATED IN AND HOW MANY YEARS									
TRAINING PARTNER		EVER BEEN A BOY SCOUT		EVER BEEN IN JROTC					
ANY LAW ENFORCEMENT ENCOUNTERS		EVER BEEN IN A FIGHT		REGULARLY PLAY 1 ST PERSON SHOOTER GAMES					
ASVAB DATE QT									
GS	AR	WK	PC	MK	EL	AS	MC	AO	VE