

CAF Primary Reserve Applicant Physical Fitness Evaluation Consent for Evaluation Form - Youth (Not of Age of Majority)

I, _____, the undersigned, do hereby acknowledge:

That I am the parent/legal guardian of the dependent named below;

My consent for my dependent to perform the Canadian Armed Forces Primary Reserve Applicant Physical Fitness Evaluation, which consists of:

- Sandbag Lift:** 30 consecutive lifts of a 20 kg sandbag from the floor to a height of 1 m;
- Intermittent Loaded Shuttles:** 10 consecutive shuttles (1 shuttle = 20 m there, 20 m back), alternating between loaded shuttles with a 20 kg sandbag and unloaded shuttles, totaling 400 m;
- Sandbag Drag:** Carry one 20 kg sandbag and pull a minimum of four sandbags on the floor over 20 m without stopping; and
- 20 metre Rushes:** Starting from the prone position, complete two shuttle sprints (1 shuttle = 20 m there, 20 m back) dropping to the prone position every 10 m for a total of 80 m.

My understanding that the results of this evaluation will determine my dependent's physical readiness for enrolment in the Canadian Armed Forces and subsequent Basic Training;

My understanding that my blood pressure will be measured prior to the evaluation;

My understanding that there are small but potential risks during the evaluation (for example, episodes of transient light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, and on extremely rare occasions, heart attacks), **and I on behalf of my dependent, assume willingly those risks;**

The obligation of my dependent to immediately inform the evaluator of any pain, discomfort, fatigue, or any other symptoms that they may suffer during and immediately after the evaluation;

My understanding that my dependent may stop any further testing, if they desire, and that the evaluation may be terminated by the evaluator upon observation of any symptoms of undue distress or abnormal response;

My understanding that my dependent and I can ask any questions or request further explanation or information about the procedures at any time before, during or after the evaluation;

I hereby agree to assume full responsibility to instruct my dependent of the risks that I have assumed and about their responsibilities and options before, during and after the evaluation, as explained in this Consent Form.

Name of dependent: _____ Date (yyyy-mm-dd): _____

Parent/Legal guardian's signature: _____ Date (yyyy-mm-dd): _____

Witness: _____ Date (yyyy-mm-dd): _____

I have read and understood this form in its entirety and I agree to participate in the Canadian Armed Forces Primary Reserve Applicant Physical Fitness Evaluation given these risks and responsibilities. I confirm that the information provided in the Health Questionnaire above is true to the best of my knowledge.

Dependent's signature: _____ Date (yyyy-mm-dd): _____

Witness: _____ Date (yyyy-mm-dd): _____

Remember: This form, properly completed, must be given to the Evaluator or you will not be permitted to take the test.