

WINNIPEG POLICE SERVICE PHYSICAL ABILITIES TEST (WPS-PAT) AUXILIARY FORCE CADET - REGISTRATION FORM

Applicant Information

Name: _____ Date of Birth: _____ Gender: Male Female
Phone Number: _____ Work/Cell Phone: _____
Address: _____
City: _____ Postal Code: _____
Email: _____
Emergency Contact: _____ Emergency Contact Phone: _____
Family Physician: _____ Physician Phone: _____
Physician Address: _____

REGISTRATION INFORMATION

- **AUXILIARY FORCE CADET-WPS-PAT fee is \$52 per test**
- **Physician's Release form is REQUIRED at the time of registration for the AUXILIARY FORCE CADET-WPS-PAT**
- Refunds less a \$15 administration fee will be granted ONLY when a valid medical certificate is presented
- Transfer requests received 4 or more working days prior to the scheduled test will be granted if there is space (no transfer fee)
- All sessions are subject to minimum registration numbers and may be cancelled. Notification will be provided 4 days in advance
- WPS-PAT Orientation fee is \$23 (Physician's Release NOT required for Orientation session)
- The Orientation session is optional
- Payment is non-transferable from person to person
- In person, fax and mail registration ONLY – **NO TELEPHONE REGISTRATION**

WPS-PAT OPTION

1st Choice AUXILIARY FORCE CADET-WPS-PAT: Date: _____ Time: _____ \$52
2nd Choice AUXILIARY FORCE CADET-WPS-PAT: Date: _____ Time: _____
AUXILIARY FORCE CADET-WPS Orientation: Date: _____ Time: _____ \$23

PAYMENT INFORMATION

Fax: (204) 474-7503 (include Visa or MasterCard information including expiry date)

Total Amount Due: \$ _____ Expiry Date: _____
Visa/MasterCard #: _____ Signature: _____

In Person/Mail: Customer Service Desk, 145 Frank Kennedy Centre, University of Manitoba, R3T 2N2

Contact Info

Registration Inquiries: 1-800-432-1960 (ex 6100) (204) 474-7864 www.bisonactiveliving.ca
Test Specific Inquiries: 1-800-432-1962 (ex 6476) (204) 474-6476 liljegre@ms.umanitoba.ca

OFFICE USE ONLY

CSR Received:
 Registration Form
 PAR Q Form
 Physician's Release Form
 Payment

Cash
 Cheque
 Interac
 Visa
 MasterCard

Date Received: _____
Amount Received: _____
Processed By: _____
Date: _____
Notified: in Person Phone Other

Physical Activity Readiness Questionnaire (PAR-Q)

Common sense is your best guide when you answer these questions. Please read the questions carefully, and answer each one honestly: circle YES or NO

- | | | | |
|----|--|-----|----|
| 1. | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | YES | NO |
| 2. | Do you feel pain in your chest when you do physical activity? | YES | NO |
| 3. | In the past month, have you had chest pain when you were not doing physical activity? | YES | NO |
| 4. | Do you lose your balance because of dizziness or do you ever lose consciousness? | YES | NO |
| 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity? | YES | NO |
| 6. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | YES | NO |
| 7. | Do you know of <i>any other reason</i> why you should not do physical activity? | YES | NO |

If you answered **YES** to any of the above questions, you **must** obtain a medical clearance by a physician before we will allow you to access the facilities / programs. A medical clearance form may be obtained from the Customer Service Desk.

I hereby release and discharge The University of Manitoba, The Faculty of Kinesiology and Recreation Management, and the employees of the aforementioned (The 'University') from any and all claims, and demands by me and my heirs, executors, or assigns, for, upon, or by reason of any damage, loss, or injury to my person property, or dependent children which may be sustained as a consequence of my participation in any activity or through the negligence of act of omission of the university in these facilities.

DATE

PARTICIPANT NAME (please print)

SIGNATURE