**Police Academy**

2500 Carlyle Avenue • Belleville, IL 62221-5899

800-222-5131, ext. 5396 • (618) 235-2700, ext. 5396 • Fax (618) 236-1094

E-mail: [Van.Muschler@swic.edu](mailto:Van.Muschler@swic.edu)



POWER Test Registration Form

* Bring completed POWER Test Registration Form and Release of All Liabilities Form with you on the day of testing.
* Must provide government issued Driver’s License or State ID card on the day of testing.
* $50.00 for one attempt at the POWER test. Bring a check or money order made out to: Southwestern Illinois Police Academy.
* The POWER Test Card will be issued to the candidate following the successful completion of the test.
* All participants of the Power test must wear appropriate exercise attire:
  + Athletic shorts (must have on during "sit and reach" exercise, knees must be clearly visible).
  + Hooded sweatshirt and sweatpants (if necessary) or other clothing as weather dictates, YOU SHOULD PLAN ON RUNNING OUTSIDE.
  + Athletic socks.
  + Running shoes.
* No electronic devices (cell phone, earbuds, etc.) will be allowed during the test.

**Print all information in black ink. Make sure all blanks are filled in.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Code Number Area Code Number**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Gender (circle): Male Female**

**Month / Date / Year**

**Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Police Academy**

2500 Carlyle Avenue • Belleville, IL 62221-5899

800-222-5131, ext. 5396 • (618) 235-2700, ext. 5396 • Fax (618) 236-1094

E-mail: [Van.Muschler@swic.edu](mailto:Van.Muschler@swic.edu)

**PHYSICAL AGILITY TEST**

**RELEASE OF ALL LIABILITIES FORM**

The undersigned, recognizing that the Physical Agility Test is an integral part of the examination for police officer, hereby releases, remises and discharges the Southwestern Illinois College, their officers, servants, agents, and employees of and from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person shall have been caused, or may at any time arise as the result of certain police examination conducted by the Southwestern Illinois College. The intention hereof being to completely, absolutely, and finally release said Southwestern Illinois College, their officers, servants, agents, and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_