

# NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION MEDICAL WAIVER/HEALTH CERTIFICATION FORM

## To Whom It May Concern

\_\_\_\_\_  
Name of Official (Print or Type) Address

WCISOA - California  
Chapter and State City, State, Zip

This is to certify that I, the above named individual, have chosen to participate voluntarily in a NISOA Referee Activity for which a medical examination by a qualified physician IS recommended by NISOA. I consider myself to be physically capable of handling the rigors required for normal participation in soccer games as a referee or assistant referee, for activities simulating game conditions, including the physical performance tests listed below. I understand that the tests will be administered in numerical order on the same date with the intervals between the tests not to exceed ten (10) minutes. I understand there are target performances suggested as listed below for each event.

<b>Event #1</b>	<b>Event #2</b>	<b>Event #3</b>	<b>Event #4</b>
Aerobic	Pro - 40	Brazillian	Intermittent
Endurance	4X10 square	Shuttle	Shuttle
12 minutes	40 meter	50 meter	30 meter

### **NISOA PERFORMANCE OBJECTIVES:**

2000 – 2700m	25.1 – 21.5 sec.	11.9 – 8.5 sec.	48.9 – 38.9 sec.
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AGAIN, I have chosen to participate voluntarily in the NISOA Referee Activity with full knowledge of what will be required of me. I realize that a medical examination IS strongly recommended. The decision to participate either with or without the recommended medical examination was a conscious one. In light of my voluntary choice to participate, I specifically agree to waive any and all legal rights for claims of any nature whatsoever that I may have now or in the future against NISOA or any persons representing NISOA for any injury sustained while participating in the activities.

I certify that I have read the Medical Waiver / Health Certification Form and understand its contents as evidenced by my signature below.

I have have NOT completed the recommended medical examination.  
(select and circle one)

\_\_\_\_\_  
Signature of Participant Date