PHYSICAL FITNESS CONOPS/RULS

1. Times for PT will be on a first come first serve basis.

A school that participates in PT event MUST have 5 males and 5 females as a PT team.
a. If you have multiple teams then you MUST declare your official team to the judges prior to commencing.

b. Teams that cannot meet the required number of cadets may still participate but not eligible for Award placement.

3. Cadets will navigate through various obstacles as a team.

a. Obstacles will test both strength and endurance.

- 4. The course will be 1.5 miles in length.
- 5. The team with the fast team will be determined the winner.
- 6. Teams are given 2 minutes to develop a plan.

7. Time will start once the team commences the course. Time will not stop until the last cadet crosses the finish line.

8. Uniform for this event will be Boots and Utility uniform. (Teams may wear either unit shirts or green T-Shirts.)

9. All team members participating in the course must have the signed PT waiver and given to the head judge on site. Members without a signed waiver will NOT be allowed to participate. (See below form)

10. Awards: 1st, 2nd and 3rd.

ACADEMICS:

1. Times for academics will be on a first come first serve basis.

2. 10-cadets make up a team.

3. This will be a 25-question exam.

4. Questions will come from Leadership Education 1, 2, 3 and 4 curriculum covering all categories.

5. Team with the highest average will win.

6. Awards: 1st, 2nd and 3rd

Physical Fitness Statement of Waiver

In accepting the invitation to participate in the Competitive Physical Fitness Event, I______ do hereby (Parent or Guardian Printed Name) waive and release any and all claims against the United States Marine Corps or the Fort Bend Independent School District and/or their representatives for any injury to the undersigned competitor during the Physical Fitness event or any activity in conjunction with the conduct of the physical fitness competition.

(Signature of Competitor) (Date)

(Signature of Parent or Guardian) (Date)

Additional Information: Verification: (Please Print)

Name of Competitor ROTC Instructor's Name

Name of School Rank Date

Name of Parent/Guardian Instructor's Signature

Street Address

City/State/Zip

Telephone (Include area code)