

COURSE REGISTRATION FORM

PRINCIPLE PURPOSE: To provide for the administration of programs devoted to the mental and physical well-being of authorized patrons to include:

expenditure tracking; emergency contact information; and activity level determination by sports facility personnel.

ROUTINE USES: a. Provides emergency contact information when needed. b. Allows for the assessment of authorized patrons into appropriate level of activity to minimize the risk of injury and maximize client well-being. c. Serves as the program record for all accounting functions.

DISCLOSURE: Disclosure of personal information is voluntary. However, if requested information is not provided, participation will not be approved.

The MCBH Semper Fit Green Machine Program, is a program designed to help support participants' lifestyle changes, resulting in weight management skills, as well as physical and mental conditioning.

COURSE INFORMATION

LOCATION: MARINE CORPS BASE HAWAII / K-BAY

PARTICIPANT INFORMATION

PARTICIPANT'S NAME (Last, First, Middle Initial): _____

ACTIVE DUTY/RESERVE → RANK: _____ BRANCH: _____ UNIT: _____

CIVILIANS → STATUS (Spouse/Retiree/Family): _____

DOD EMPLOYEES → ORGANIZATION: _____

CELL PHONE: _____ EMAIL: _____

EMERGENCY POC: _____ POC PHONE: _____

CURRENT INJURIES / ALLERGIES / ILLNESS: _____ BCP/FEP: YES / NO

PARTICIPANT SIGNATURE: _____ DATE: _____

COMMAND AUTHORIZATION

-THIS SECTION IS FOR ACTIVE DUTY, RESERVE, AND DOD CIV EMPLOYEES (ONLY)-

NAME OF SNCO / SUPERVISOR (Rank, Last, First): _____

I AUTHORIZE THE ABOVE SERVICE MEMBER OR DOD EMPLOYEE TO PARTICIPATE IN THE "GREEN MACHINE" COURSE AND ACCOMMODATE SCHEDULING.

AUTHORIZING COMMAND SIGNATURE: _____ DATE: _____

SUBMITTING APPLICATIONS

COMPLETED FORMS MAY BE EMAILED TO:

Otis.Miller@USMC-MCCS.org or Edward.Campbell@USMC-MCCS.org

OR IN PERSON TO THE HEALTH PROMOTION OFFICE AT: MCBH SEMPER FIT CENTER