

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:____

CELL PHONE: _____ EMAIL: ____ EMERGENCY POC:_____

POC PHONE:_____

CURRENT INJURIES / ALLERGIES / ILLNESS:

PARTICIPANT SIGNATURE: ______ DATE: _____

COMMAND AUTHORIZATION

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

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

CIRCLE IF APPLICABLE: BCP PROGRAM (U.S. MARINE) / FEP PROGRAM (U.S. NAVY)

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 Grace.Anderson@USMC-MCCS.org

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

THIS FORM DOES NOT GUARANTEE A SPOT UNTIL REGISTRATION IS COMPLETED AND APPROVED BY HP STAFF. CLASS SIZE IS LIMITED. CERTIFICATES WILL BE GIVEN UPON COMPLETION OF THE COURSE.