



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. 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 Mission Nutrition Course, is a course designed to help support participants' lifestyle changes. Also to educate our participants on a more detailed version of general nutrition, food safety, sports/performance nutrition, supplements, and shopping.

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: _____

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 "MISSION NUTRITION" 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

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.