



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.

COURSE DESCRIPTION:

This course provides Marines and their families with foundational nutrition education to support overall health, physical performance, and long-term wellness. Topics will include dietary guidelines, healthy cooking practices, strategies for eating well on a budget, responsible supplementation, and other practical nutrition strategies to support a healthy & active lifestyle.

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: _____

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

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

SNCO / SUPERVISOR EMAIL ADDRESS: _____

I authorize the above to participate in the "mission nutrition" course and accommodate scheduling.

AUTHORIZING COMMAND SIGNATURE: _____ DATE: _____

COMPLETED FORMS MAY BE EMAILED TO:

KbayHealthPromotions@usmc-mccs.org

or dropped off in the Health Promotions/Performance Education Office in the main gym, bldg. 3037

THIS FORM DOES NOT GUARANTEE A SPOT UNTIL REGISTRATION IS COMPLETED AND APPROVED BY HP

STAFF CLASS SIZE IS LIMITED.