

WARR INSTRUCTOR'S COURSE APPLICATION

The USMC Warrior Athlete Readiness and Resilience (WARR) Program is a comprehensive combat-specific strength and conditioning program that is essential to a Marine's physical development, combat readiness and resiliency. Program emphasis is on key components with relation to superior speed, power, strength, flexibility, endurance and overall combat readiness while reducing the likelihood of injury and ensuring that all Marines are physically prepared for real-time/tactical situations while in theatre.

COURSE INFORMATION:					
LOCATION: MCAS Yuma	DATES:	DEADLINE:		TIME: 0600-1600	
PARTICIPANT INFORMATION:					
PARTICIPANT'S NAME (Last, First):		RANK:		EDIP #:	
MALE FEMALE COM	MAND:	EMAIL:			
WORK PHONE:		CELL F	CELL PHONE:		
EMERGENCY POINT OF CONTACT:		EMERGENCY CONTACT PHONE #:			
	RELEA	SE AND WAIVER			
In connection with such engagement, I a may be suffered during any nutrition properties not a substitute for physician's prescrip and I acknowledge that I have been advithese risks associated with this event or condition, vehicles, other participants, ar fully and forever release, acquit and discolaims, demands, actions, causes of actionand relinquish all rights, whether conting affiliates, in any way connected with or reon my heirs and assigns and shall run in aforementioned event or activity.	cknowledge that the possib gramming, physical exertior stion, and that MCCS profe sed to check with my physi activity may include, but an id lack of hydration. I here! harge MCCS, Semper Fit, on and expenses, including ent accrued inchoate or oft elating to Nutrition and Fitne favor of the above-named	illity exists that certair, or exercise. I acknowsionals administering cian prior to starting a enot limited to, injurie yo fully assume all ris and their instructors for without limitation, at herwise, which I may persons or entities ar	n physical changes and vario owledge that nutrition and (o g the program are not physic any new exercise or nutrition is caused by equipment, terr ks associated with this event rom all known obligations, lo- torney's fees and costs (colle nave against any and all fitne all Training, or Fitness Cente ind any individuals in any way	Jus risks may occur and (or) injuries ry fitness advice and programming ians. I assume the risk thereof, program. I further understand that ain, weather, my personal physical or activity and shall indemnify and sses, damages, liabilities, injuries, actively "claims") and hereby waive ses center employees or its er use. This waiver shall be binding connected with the	
PARTICIPANT'S SIGNATURE:					
		ICIPATION AUTHOR			
NAME (Last, First) (E-6 and above):		RANK:			
COMMAND:		WOR	ORK PHONE:		
CELL PHONE:		EMAI	L ADDRESS:		
I authorize the above service member to	participate in the WARR C	ourse and will hold the	em accountable for attending	this course.	
AUTHORIZING COMMAND SIGNATUR	Œ:		DATE	∃ :	
Completed forms may be e-mailed at the Station Gym (bldg. 545)	l to Coaches at <u>yumafi</u>	tnesscenter@usn	nc-mccs.org, or submitte	ed in person to the Front Desk	

*Completed forms must be turned in 1 week prior to the start of the course. This form does not guarantee or reserve a space until registration is completed and approved by the WARR Coordinator. Class size is limited. Active Duty and Reservists only. WARR Certified Certificates given upon successful completion of course. When class enrollment reaches maximum capacity, it will be closed. This could happen prior to the enrollment deadline.

SORN NM01700-1

PRIVACY ACT STATEMENT

Authority: 10 USC 5013; 10 USC 5041; 26 USC 6041

Principal 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 in the WARR Course will not be approved.