



TRAIN THE TRAINER COURSE APPLICATION

The USMC Warrior Athlete Readiness & Resilience (WARR) Program is a holistic strength and conditioning program that is essential to a Marine's physical, mental, social, and spiritual development as well as combat readiness and resiliency. The program has an emphasis on key components with relation to speed, agility, power, strength, mobility, stability, endurance and overall readiness while reducing the likelihood of injury and ensuring that all Marines are prepared for real-time/tactical situations.

YOU MUST ATTEND A MINIMUM OF THREE COACH LED SESSIONS PRIOR TO ATTENDING A TRAIN THE TRAINER COURSE

YOU MUST ATTAIN A FIRST CLASS CFT/PFT SCORE (255-300) AND NOT BE ON LIMITED DUTY

COURSE INFORMATION:

LOCATION:

HITT Center Cherry Point

CIRCLE THE DATE THAT APPLIES:

11TH-15TH Aug.

17TH-21ST Nov.

TIME OF COURSE:

Monday - Friday 0600-1400

PARTICIPANT INFORMATION:

PARTICIPANT'S NAME & Rank

(Rank, Last, First, Middle I) : _____

PFT/CFT Score: _____

UNIT: _____ EMAIL : _____

T-SHIRT SIZE: _____

WORK # : _____ CELL # : _____

EMERGENCY POINT OF CONTACT: _____

EMERGENCY CONTACT #: _____

RELEASE AND WAIVER

In connection with such engagement, I acknowledge that the possibility exists that certain physical changes and various risks may occur and (or) injuries may be suffered during any nutrition programming, physical exertion, or exercise. I acknowledge that nutrition and (or) fitness advice and programming is not a substitute for physician's prescription, and that MCCS professionals administering the program are not physicians. I assume the risk thereof, and I acknowledge that I have been advised to check with my physician prior to starting any new exercise or nutrition program. I further understand that these risks associated with this event or activity may include, but are not limited to, injuries caused by equipment, terrain, weather, my personal physical condition, vehicles, other participants, and lack of hydration. I hereby fully assume all risks associated with this event or activity and shall indemnify and fully and forever release, acquit and discharge MCCS, Semper Fit, and their instructors from all known obligations, losses, damages, liabilities, injuries, claims, demands, actions, causes of action and expenses, including without limitation, attorney's fees and costs (collectively "claims") and hereby waive and relinquish all rights, whether contingent accrued inchoate or otherwise, which I may have against any and all fitness center employees or its affiliates, in any way connected with or relating to Nutrition and Fitness Programs, Personal Training, or Fitness Center use. This waiver shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned event or activity.

PARTICIPANT'S SIGNATURE: _____

DATE: _____

COMMAND PARTICIPATION AUTHORIZATION

NAME (Last, First) (E-6 and above): _____

RANK : _____

UNIT : _____

WORK PHONE : _____

CELL PHONE : _____

EMAIL ADDRESS : _____

I authorize the above service member to participate in the HITT Course and will hold them accountable for attending this course.

AUTHORIZING COMMAND SIGNATURE: _____ DATE: _____

Completed forms may be e-mailed to ombcherryptfitness@usmc-mccs.org or submitted in person to the Coaches Office located at the Marine Dome.

**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 HITT Coordinator. Class size is limited. Active Duty and Reservists only. Train The Trainer Certificates given upon successful completion of course. **

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 levels 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 Course will not be approved.