

SEMPER FIT PROGRAM PARTICIPATION AUTHORIZATION

Print Form

Privacy Act Statement

SORN NM01700-1

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 26 U.S.C. 6041; BUPERS Instruction 1710.11C, Operations of Morale, Welfare and Recreation Programs 2003; MCO P1700.27, Marine Corps, Morale, Welfare and Recreation Policy Manual, Ch 1; NAVSO P-3520, Financial Management Policies and Procedures for Morale, Welfare and Recreation Programs; and E.O. 9397 (SSN).

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. A complete list of the applicable Routine Uses may be found in the authorizing SORN available at: <https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570424/nm01700-1/>

DISCLOSURE: Disclosure of personal information is voluntary. However, if requested information is not provided, participation in Semper Fit Program activities or volunteer opportunities will not be approved.

NAME OF EVENT: _____

LOCATION OF EVENT: _____ EVENT DATE: _____ EVENT TIME: _____

PARTICIPANT'S NAME (Last, First): _____ RANK: _____

DATE OF BIRTH (DD/MM/YYYY): _____ MALE FEMALE COMMAND: _____

WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY POINT OF CONTACT: _____ EMERGENCY CONTACT PHONE: _____

MARITAL STATUS: *Only single Service Members and geographical bachelors can participate in the Single Marine Program (SMP) trips.* SINGLE GEOGRAPHICAL BACHELOR MARRIED

MEDICAL INFORMATION

1. DO YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? YES NO

2. ARE YOU CURRENTLY TAKING ANY MEDICATION? YES NO

3. DO YOU HAVE ANY ALLERGIES? YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN: _____

PARTICIPANT AGREEMENT

I understand that all Semper Fit Program activities have a 72 hour cancellation policy for a full refund. Any participant who fails to show up for a trip or volunteer activity without notifying Semper Fit first, will result in a suspension of the right to attend future program trips and/or volunteer activities. I understand that the SMP requires that I be a single Service Member or geographical bachelor in order to participate and that I am required to take the transportation provided by the SMP. I understand that completion of the form by my command does not guarantee event participation. I must complete the registration process, to include event registration, payment if applicable, and submission of this form. I understand fully that while participating in this event, I am representing the United States Military. I will be held to a high standard of the utmost ethical and moral behavior. I will be expected to act responsibly in a mature and dependable manner. I affirm that all information on this form is true and correct. I understand that any misleading or incorrect statements may result in the notification of my command's staff noncommissioned officer and/or sergeant major.

PARTICIPANT'S PRINTED NAME

PARTICIPANT'S SIGNATURE

DATE

COMMAND PARTICIPATION AUTHORIZATION

(Registration receipt serves as confirmation that the participant completed the registration process.)

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

COMMAND: _____ E-MAIL ADDRESS: _____

CELL PHONE: _____ DUTY PHONE: _____ WORK PHONE: _____

I authorize the above Service Member to participate in the Semper Fit Program activity or volunteer opportunity, and will hold them accountable for attending the event as it is their appointed place of duty. I will ensure that the Service Member shows up on time for the event or activity.

SIGNATURE: _____ DATE: _____

Completed forms may be submitted in person to Semper Fit Headquarters. For SMP trips, forms may also be submitted to Recreation Center Managers, or emailed to the SMP Coordinator. All forms must be turned in prior to or at the time of registration and payment. This form does not guarantee or reserve a space until registration and payment (if applicable) are complete. Space is limited for all activities.