

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; MCOP 1700.27, 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.

DISCLOSURE: Disclosure of personal information in voluntary. However, if requested information is not provided, participation will not be approved.

The United States Marine Corps 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: _____

WARR COURSE: ☐ LEVEL 1 ☐ LEVEL 2 * A copy of the WARR Level 1 Certificate is required to apply for the WARR Level 2 Course. *

PARTICIPANT INFORMATION

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

ELECTRONIC DATA INTERCHANGE PERSONAL IDENTIFIER NUMBER: _____ COMMAND: _____

WORK PHONE: _____ CELL PHONE: _____ E-MAIL: _____

EMERGENCY POINT OF CONTACT (POC): _____ POC PHONE: _____

PARTICIPANT'S SIGNATURE: _____ DATE: _____

COMMAND AUTHORIZATION

NAME OF E-6 OR ABOVE (Last, First, Middle Initial): _____ RANK: _____

WORK PHONE: _____ CELL PHONE: _____ E-MAIL: _____

I AUTHORIZE THE ABOVE SERVICEMEMBER TO PARTICIPATE IN THE WARR COURSE AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS COURSE.

AUTHORIZING COMMAND SIGNATURE: _____ DATE: _____

SUBMITTING APPLICATIONS

COMPLETED FORMS MAY BE E-MAILED TO: Roxanne.Casinio@usmc-mccs.org , FAXED TO: _____

OR SUBMITTED IN PERSON TO THE WARR COORDINATOR AT: Paige Field House, Bldg. 1110

****FORMS MUST BE TURNED IN ONE 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. THIS COURSE IS OPEN TO ACTIVE DUTY AND RESERVISTS ONLY.
WARR CERTIFICATES WILL BE GIVEN UPON COMPLETION OF THE COURSE. **