

“Total Body Transformation” Registration Form

This 8 week program begins Thursday, January 4 through February 22, 2018.
Open to all base MWR facility personnel and their guests.

NAME: _____ COMMAND: _____

EMAIL: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK ONE:

ACTIVE DUTY: RESERVIST: RETIRED: DOD: CONTRACTOR:

DEPENDENT: OTHER: NOTE: Guests must be sponsored by a trusted agent and will not be provided base access by MWR.

4 WEEK GOAL:

8 WEEK GOAL:

Groups: If you would like to be placed with a specific group of individuals for small group training instead of personal training please put their names here: _____

Registration Options:

Please do one of the following:

1. Print this form, fill it out and turn the signed copy into the MWR Fitness Center.
2. Print this form and scan, email to Jill.Sheppard@navy.mil .
3. If completing a digital copy of this form, once all areas are correctly filled out, be sure to digitally sign the waiver portion and then click the ‘Submit’ button on the bottom right hand side of the page.
4. Email completed form to jill.sheppard@navy.mil

If you have any questions while you are completing the form, please call (904) 542-3225. You must have Adobe Reader to complete the form electronically.

I know that participating in a physical fitness program is a potentially hazardous activity. I should not participate in the Personal Training segment unless I am medically able and cleared by my physician if I have any medical issues. I assume all risks associated with participating in this program, including but not limited to falls, contact with other participants and the personal training portion of the program. I grant permission to use any photographs, video recordings or any record of this event for legitimate purposes. I hereby give Navy Morale, Welfare and Recreation, their agents and employees the right to inspect and/or approve the photograph, audiotapes and/or videotapes for promotional, recruiting or educational purposes, without any limitation, reservation or compensation, other than the receipt of with is hereby given. This consent is given for any photographs, audiotapes and/or videotapes which have been taken, about to be taken or will be taken.

Signature _____ Date _____