



HITT

HIGH INTENSITY TACTICAL TRAINING

HITT SMALL UNIT LEADER COURSE

The USMC High Intensity Tactical Training (HITT) 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.

This course is open to Active Duty or Reservists, with a rank of Corporal (E4) or above, only. You will need to submit proof of a current 1st class PFT and CFT score along with SEMPER FIT BASIC FITNESS COURSE (MCI 4133A) AND SEMPER FIT ADVANCED FITNESS COURSE (MCI 4134A) Certificates. If you have been assigned to BCP, Light or Limited Duty within the last 6 months you are ineligible to attend a course.

COURSE INFORMATION:

LOCATION:

Date:

DATES: **PARTICIPANT INFORMATION:**

PARTICIPANT'S NAME (*Last, First*):

RANK:

EDIPI:

MALE

FEMALE

COMMAND:

EMAIL:

WORK PHONE:

CELL PHONE:

EMERGENCY POINT OF CONTACT:

EMERGENCY CONTACT PHONE #:

PHYSICAL READINESS AUTHORIZATION

1st CLASS PFT/CFT - **ATTACH BASIC TRAINING RECORD:**

NOT ASSIGNED TO BCP, LIGHT OR LIMITED DUTY WITHIN THE LAST 6 MONTHS:

S3 NAME: _____

S3 SIGNATURE: _____

COMMAND PARTICIPATION AUTHORIZATION

NAME (*Last, First*) :

RANK(E-6 and above):

COMMAND:

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 **mccshealthpromotions@okinawa.usmc-mccs.org** or submitted in person to the HITT Director at Building 970 on Camp Foster. **Required documents must submit by 1 week before the** class start. Late submissions won't be considered.

Required Documents:

1. **HITT SUL Application**
2. **Basic Training Record**
3. **SEMPER FIT BASIC FITNESS COURSE (MCI 4133A) AND SEMPER FIT ADVANCED FITNESS COURSE (MCI 4134A) Certificates**

*Completed forms must be turned in by registration cut off date 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. HITT Small Unit Leader Certificates given upon successful completion of course.*

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:

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 HITT Course will not be approved.