



The USMC WARR Tactical Fitness Leadership Course (WARR TFL) is a comprehensive, combat-focused strength and conditioning program designed to enhance a Marine's physical development, combat readiness, and resilience. The program emphasizes critical fitness components, including speed, power, strength, flexibility, and endurance, to optimize overall combat performance. WARR aims to reduce the risk of injury and ensure Marines are physically prepared for real-time tactical operations in theater.

Pre-Requisites:

- ☐ E4 or above
- ☐ 1st Class PFT (current)
- ☐ 1st Class CFT (current)
- ☐ SEMPER FIT BASIC FITNESS COURSE
- ☐ SEMPER FIT ADVANCED FITNESS COURSE
- ☐ Not assigned BCP, Limited/Light Duty within the past 6 months
- ☐ Ability to attend the 5-day course in its entirety

COURSE INFORMATION:

LOCATION:

DATES:

PARTICIPANT INFORMATION:

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

RANK:

MALE:

FEMALE:

COMMAND:

EDIPI:

EMAIL:

WORK PHONE:

CELL PHONE:

EMERGENCY POINT OF CONTACT:

EMERGENCY CONTACT PHONE #:

PHYSICAL READINESS AUTHORIZATION

Current 1st CLASS PFT & CFT - ATTACH BASIC TRAINING RECORD:

S-3 STAMP REQUIRED BELOW

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

S3 NAME: _____

S3 SIGNATURE: _____

COMMAND PARTICIPATION AUTHORIZATION

I authorize the above service member to participate in the WARR Tactical Fitness Leadership Course and acknowledge that they are required to attend all five days of the course. I release them from regular duties for the duration of the course and authorize their full participation in its entirety. I will hold them accountable for meeting this commitment.

NAME (*Last, First*):

RANK (*must be E-6 or above*):

COMMAND:

WORK PHONE:

CELL PHONE:

EMAIL ADDRESS:

AUTHORIZING COMMAND SIGNATURE: _____

DATE: _____

Completed forms can be emailed to mccshealthpromotions@okinawa.usmc-mccs.org or delivered in person to the Health Promotion Staff at Building 970 on Camp Foster. All required documents must be submitted at least one week before the course start date. Late submissions will not be accepted.

Required Documents:

1. WARR TFL Course Application – must be complete with all signatures
2. Basic Training Record – must have your name and EDIPI
3. SEMPER FIT BASIC FITNESS COURSE (MCI 4133A) Certificate
4. SEMPER FIT ADVANCED FITNESS COURSE (MCI 4134A) Certificate

Marines and Sailors are required to attend the full duration of the course. Any participant who misses any portion of the course will be automatically removed and must register for a future session.

Completion of this form does not guarantee or reserve a spot in the course. Registration is only confirmed upon approval by the Fitness/HITT Director or Program Manager. Class size is limited.

This course is exclusively available to active-duty and reserve members of the Marine Corps and Navy. Participants who successfully complete the course will receive a WARR Tactical Fitness Leadership certificate.

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.