



Building 829 Fitness Center and 767 Cardio Rooms

Customer Access Registration Form

Name: _____ Command: _____

Email: _____ Command Phone No: _____

Phone No: _____ Date: _____

Customers requesting access to Building 829 Fitness Center and 767 Cardio Rooms must submit the following documents. Please Initial:

____: 24-Hour Fitness Facilities Usage Agreement

____: Proper Physical Readiness Form

Active Duty: Copy of most recent PARF-Q NAVPERS 6110/3 (Rev. 10-2023)

Civilian: Completed PAR-Q Physical Activity Readiness Questionnaire.

Available at Fitness Center Issue Desk

Acknowledgment of Emergency Procedure. Please Initial:

____: In case of an emergency, AED and First Aid Kit are located inside Building 829 Fitness Center and 767 Cardio Rooms. Emergency/911 contact from cell 053-363-8763

The Fitness Center Staff Acknowledges that _____
(customer's name) has completed all necessary forms to gain access to Building 829 Fitness Center and 767 Cardio Rooms.

Fitness Center Staff:

Name: _____

Signature: _____

Date: _____

Customer:

Name: _____

Signature: _____

Date: _____