

S.T.A.P.P. Registration Form

SPECIALIZED TACTICAL ATHLETE PERFORMANCE PROGRAM

UNIT:

POC:

PHONE:

EMAIL:

UNIT OFFICIAL AUTHORIZING TRAINING:

PHONE:

EMAIL:

SPECIFIC UNIT GOALS: (Ex: Improve Conditioning, Strength, Flexibility, Prepare for New ACFT, etc.)

PREFERRED TRAINING DATES (INDICATE TWO)

TUESDAY

WEDNESDAY

THURSDAY

PREFERRED TRAINING LOCATION (INDICATE TWO):

(Choose from: Collier Fitness Center Bldg. 1949, Turner Fitness Center Bldg. 2063, Zoeckler Fitness Center Bldg. 1296 or Sitman Fitness Center Bldg. 6815)

1.

2.

PREFERRED TRAINING TIMES (INDICATE TWO): (ex. 0600-0710, 0630-0740)

1.

2.

CURRENT CONDITIONING PROGRAM (Ex: Mon - RUN 60MINSC, TUE - SPIN, WED - STRENGTH...)

NO TRAIN DATES DURING CYCLE & REASON WHY:

(Ex: 12/27/2019 -Training Holiday, 01/18/2020-01/20/2020 Field Exercise, etc.)