A.T.T.A.C. Registration Form

SOLDIER/GROUP FITNESS TRAINING						
UNIT(COM):			POC(rank/	name):		
PHONE:			EMAIL:			
UNIT OFFICIAL AU PHONE: EMAIL:	THORIZING TRA	AINING:				
TRAINING TRACK	(CIRCLE ONE)):	Teg Te			
Unit Soldier Fit Training	tness		e-conditioning raining		Physical Fitness & ment Assessment	
*UNIT SOLDIER FITNESS T *GROUP RE-CONDITIONIN *INDIVIDUAL PHYSICAL FI SPECIFIC UNIT! G	G TRAINING COMPLET TNESS & BODY ALIGN	TE SECTION IMENT ASS	N 1-2 ESSMENT (NON-F			
PREFERRED TRA	INING DATES (CIRCLE	TWO):	TOUGHT Y	C V L	
MONDAY	TUESDAY	WE	DNESDAY	THURSDAY	FRIDAY	
PREFERRED TRA	INING TIMES (I	NDICAT	E TWO): (ex.	0600-0700)		
1.			2.			
CURRENT CONDI	TIONING PROG	SRAM: (6	ex. MON: RUN 60m	nins, TUE: Spin, WED: OI	FF, THURS: Strength)	
NO TRAIN DATES & REASON DURING CYCLE: (ex. 12/27/2021-Training Holiday; 01/18/2021-01/18/2021 Field Exercise)						
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UNIT SOLDIER FITNE	SS TRAININ	G ROSTER		(1-1)	
NAME/RANK	AGE	ACFT SCORE:	APFT SCORE:		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
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12.					
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17.					
18.					
19.					
20.					
GROUP RE-CONDITIO	NING TRAIN	ING		(1-2)	
POC NAME:			PHONE:		
EMAIL:			THE NUMBER OF GROUP		
Medical Dx:					
INDIVIDUAL PHYSICA	AL FITNESS	& BODY ALIC	GNMENT ASSES	SMENT (1-3)	
NAME(/RANK):			PHONE:		
EMAIL:			AGE:		

Medical Clearance Form

Dear Physician/Medical Professional,

The attached individual/s wish to engage in the Advanced Tactical Training and Conditioning (A.T.T.A.C.) Program offered by the Health & Fitness Promotion Staff. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program that will increase in duration and intensity over time. The fitness assessment may include a submaximal cardiovascular fitness test and measurements of body composition, flexibility, and muscular endurance.

Soldiers who are fit for participation will, at a minimum, meet those requirements set by the United States Army in declaring a Soldier "Fit for Duty".

Soldiers will need to be cleared by medical staff according to the following standard:

- 1. Soldier is free from any conditions that prevent them from participating in regular high intensity exercise, maximal efforts, or high stress situations. Conditions include but are not limited to:
 - a. Heart conditions
 - b. Musculoskeletal injury
 - c. Respiratory conditions
 - d. Pregnancy
- 2. If soldier is "Fit for Duty" but meets any of the following conditions, please state the specific condition, or provide relevant information.
 - a. Insulin dependent diabetic
 - b. Asthmatic
 - c. Taking medication such as statins which could affect participation in program, or recovery from exercise.
- 3. If Soldier is on profile, copies of the profile need to be supported

Physician's Clearance

Pied	se theth one and explain it necessary.
	I am not aware of any contraindications toward participation in a fitness program, and hereby
	release the individual for physical activity.
	I consent to my clients wishes to engage in a fitness program with recommendations/restrictions.
	(Please Indicate Below)
	I DO NOT consent in my clients wishes to engage in a fitness program for this reason:

Recommendations/Restrictions:				
Physician Signature	Date			
Office Location	Office Phone			