

Request for Independent Duty Personnel (IDP) Fitness Membership/Respite Child Care Authorization
DoD Military - Title 10 Only
(Please type or print legibly)

Command/Unit Name:

Address: City:

State: Zip Code:

Duty Unit Name if different from Command:

Address: City:

State: Zip Code:

Command/Unit POC:

Phone#: Fax#: POC Email:

of Active Duty Personnel eligible to participate (**Title 10 Only**):

☐ Initial Request ☐ Follow on (incoming personnel) ☐ Renewal

Private Fitness Facility

Eligibility - Active Duty ONLY, family members are not authorized

of Active Duty Personnel requesting Private Fitness membership:

Name of Private Fitness Facility: Facility POC:

Address: City: State: Zip:

Phone#: Facility Email:

Rate/Rank/Full Name of each service member (use additional sheet if necessary)

1. 2.

YMCA

of Active Duty Personnel requesting membership:

Name of YMCA Facility: Facility POC:

Address: City: State: Zip:

Phone#: Facility Email:

Rate/Rank/Full Name of each service member (use additional sheet if necessary)

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Membership Requirement:

(This section must be included in the request for IPD membership that is signed by CO/OIC)

Title 10 Only

It is the Command's responsibility to ensure all eligible command members are notified of the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of YMCA or private fitness memberships. Failure by the command to make this requirement known will not be a basis for waiver consideration at the time of renewal.

- Members are required to attend the YMCA/Private Fitness Facility a minimum of 8 calendar days per month. It is the Service member's responsibility to ensure their visits are accurately registered via card swipe or log book, etc. **YOU MUST GET YOUR VISITS DOCUMENTED!!**
 - Family visits count towards meeting the 8 calendar day visit per month but multiple visits on the same day count as only ONE CALENDAR DAY for purposes of meeting the monthly minimum requirement.
 - **(IMPORTANT NOTICE:** If you know in advance that you will not meet the 8-visit requirement due to TAD/TRAVEL, long term medical issue, you must provide written documentation to justify non-compliance of the requirement and submit with your renewal.)
- The IDP application must be completed in its entirety or will be returned to the command. All applicable information (names, addresses, POC's, phone, email, etc) must be included. Failure to do so will result in a delay in processing this request.

Renewal Requirements/Instructions (Memberships must be renewed every 6 months):

- **Private Fitness Center Renewals:** All Private Fitness Renewal Requests must include all 6 months of Usage documentation and submitted to Ashby Collins, email: dodpf@asymca.org, along with the approved/signed IDP Request in order for a renewal to be processed.
YMCA Renewals: will be completed internally by the participating YMCA. Each Service member must resubmit a DoD Eligibility Form and present the approved/signed IDP Request for a renewal to be processed. YMCA POC is Laura Kurth, email: dodymca@asymca.org.

I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six months. This command does not pay for fitness memberships for our personnel and this command does not have access to a free fitness facility at or near this location. I understand that each member must have 8 calendar days per month attendance on their membership in order to be eligible for renewal in six months or reinstatement at a follow on command, if applicable.

Approving Authority's Signature:

Title:

This section to be used by Service Representative Point of Contact

Request for Independent Duty Fitness Membership(s) is: ☐ Approved ☐ Disapproved

The above named personnel are also authorized Respite Child Care at YMCAs that meet DOD criteria.

Service Rep Signature:

(usnymca@navy.mil)

YMCA, Navy Service Representative POC
Washington, DC

Copy to:
ASYMCA
Request Command

Additional Personnel Continuation Sheet

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