



Navy Basic Fitness Certification

Student Registration Form

Employee Information	
Name: _____	Installation/Command: _____
Current Position Title: _____	
Course Completion Date: _____	Start Date of Employment: _____
Work address: _____	
(Command Name/Department)	
(Street, Building, Post Office Box)	
(City)	(State) (Zip)
Command Phone: _____	DSN Phone: _____
E-mail Address: _____	
NAME: _____	
(Please print your name as you would like it to appear on the certificate.)	
Privacy Act Statement	
<p>Authority to request this information is derived from 5 U.S. Code 301, Department Regulations. The purpose of obtaining this data is to formulate accurate student records to be held by CNIC N921, Washington DC. This information is used to prepare a student roster, training record, and locate you in case of emergency. Completion of this form is considered voluntary. No action will be taken against any individual who elects not to provide all or part of the information requested. It should be noted, however, that incomplete or inaccurate information might result in inaccurate crediting of the student's training record and the inability to locate the student in case of an emergency.</p>	
INITIAL: _____	
FITNESS DIRECTOR CONFIRMATION	
<p>I confirm that the student listed above successfully completed the requirements for the Basic Navy Fitness Certification. Requirements include: 1) Participation and completion of Navy Basic Fitness Orientation 2) Practical Application, and 3) Written Exam (70% or better).</p>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name (please print)	Signature:
Phone:	Email:

*Fax completed Registration form to CNIC N921 Navy Fitness at 202-433-0936. For questions/concerns, contact Navy Fitness at 202-433-9461.