Single Marine Program Participation Authorization

SATURDAY, DECEMBER 6th, 2025, 0800-1100

SMP KWAAY PAAY HIKE

Required Information			**Please Write Legibly**
Participant's Name: (Last, First)		Rate/Rank:	Male or Female:
Battalion:	Section:	Work Phone Number:	Cell Phone Number:
Email: (Work or Personal) *Reminder will be sent to this email*			Date of Birth:

MARITAL STATUS INFORMATION:

Only MCRD San Diego Single Service Members & Geo-Bachelors can participate in SMP Trips.

CIRCLE ONE: Single Geographical Bachelor **(Spouse lives 100 miles or more away)**

FOOD

Do you have any dietary restrictions? **Circle One:** **YES** **NO** If yes, please explain: _____

(for example, dairy, nuts, meats, etc.)

MEDICAL INFORMATION:

1. Does the participant have any medical conditions that we should be aware of?
(for example; diabetic or suffer from seizures.)
Circle One: **YES** **NO** If yes, please explain: _____
2. Are you currently taking any medication?
Circle One: **YES** **NO** If yes, please list all medications: _____
3. Do you have any allergies?
Circle One: **YES** **NO** If yes, please explain: _____

Code of Conduct

I must be a MCRD San Diego Single Service Member or Geographical Bachelor **(Spouse lives 100 miles or more away)** in order to participate in all MCRD San Diego Single Marine Program (SMP) trips. I have to take the transportation provided by the MCRD San Diego SMP to and from all SMP trips (NO POVS). **I will show up on time for trips and stay for the entire event**. All MCRD San Diego SMP trips are non-refundable.

I understand fully that while participating in this event I am representing the United States Military and the MCRD San Diego Single Marine Program. I will conduct myself in such a way to honor both. I know I will be held to a high standard of the utmost ethical and moral behavior. I will be expected to act responsibly in a mature and dependable manner. I will be expected not to lie, cheat, nor steal. I will adhere to an uncompromising code of **personal integrity**, accountable for my actions and holding others accountable for theirs. Both my professional and personal demeanor shall be such that I may take pride in my actions.

I affirm that all information entered on this document is true and correct. I understand this is my appointed place of duty. I understand that any misleading, incorrect or violation of these statements may result in the notification of my command SNCOIC and/or SgtMaj.

Participants Printed Name	Participants Signature	Date
_____	_____	_____

Participation Authorization **(ensure Service Member shows up on time, this is their appointed place of duty)**

(SSgt or above Required) Name: (Last, First) _____ Rank: _____

Battalion: _____ Section: _____ Cell Phone (Required): _____

I authorize the above MCRD San Diego Service Member to participate in the SMP Trip and will hold them accountable for attending this trip.

Date: _____ Signature: _____

Office Use Only:

Date Received	Time Received	Staff Initials
_____	_____	_____