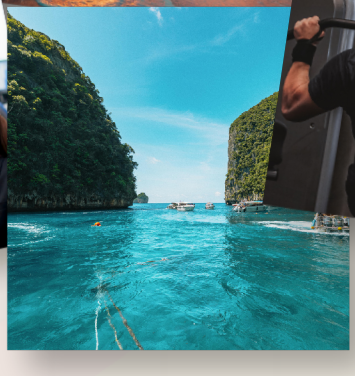
2027 Vision Boards

Take time to envision your new year and share ideas for building healthy habits through goal setting and visualization! Materials provided.











Friday, December 18, 1700 - 1800
Active Duty Center, BLDG. 10

POC: David Gomez david.gomez@usmc-mccs.org (619)813-6704

MCRD SMP PARTICIPATION AUTHORIZATION

Health Promotion: Vision Boards 18 DEC 2026 1700-1800

Please print and complete in full. Read this Agreement before you sign. Single Marine Program events are open to all Single Service Members and Geo-Bachelors.

PARTICIPANT INFORMATION

Participant Name (Last, First): _____ **Rate/Rank:** _____

Battalion: _____ **Section:** _____ **Date of Birth:** _____ **Contact Phone #** _____

E-mail Address: _____

MEDICAL INFORMATION

Does the participant have any medical conditions that we should be aware of? *(Diabetic, suffer from seizures, etc.)*

☐ **Yes** ☐ **No** If yes, please explain: _____

Are you currently taking any medication?

☐ **Yes** ☐ **No** If yes, please explain: _____

Do you have any allergies or dietary restrictions? (dairy, nuts, meat, etc.)

☐ **Yes** ☐ **No** If yes, please explain: _____

CODE OF CONDUCT

I understand that the SMP requires that I be a single Service Member or geographical bachelor in order to participate in MCRD San Diego Single Marine Program (SMP) activities. I will show up on time and stay for the entire event. I understand fully that while participating in this event, I am representing the United States Military. 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 understand that completion of the form by my command does not guarantee event participation. I must complete the registration process, to include event registration, payment if applicable, and submission of this form.

I affirm that all information on this form is true and correct. I understand that any misleading or incorrect information provided, or any violation of these provisions, may result in notification of my command SNCOIC and/or SgtMaj. I understand that all paid SMP activities are non-refundable.

Participant Signature: _____

PARTICIPATION AUTHORIZATION (*SSGT OR ABOVE*)

I authorize the above Service Member to participate in the SMP activity and will hold them accountable for attending this event as it is their appointed place of duty. I will ensure that the Service Member shows up on time for the activity/event. I understand that if an incident occurs during the activity/event, I will be contacted.

Name (Last, First): _____ **Signature:** _____

Rank: _____ **Battalion:** _____ **Section:** _____

Cell Phone (required): _____

APPROVAL

Single Marine Program Staff

_____	_____	_____
Date Received	Time Received	Staff Initial