

**Unit Request for Independent Duty Personnel (IDP) Fitness Memberships/Respite Child
Care Authorization
DoD Military TITLE 10 ONLY
Please type or print legibly**

Comment [t1]: This is an Unit Request not an Individual Request. Everyone who is eligible and interested in participating needs to be listed on the form

Command/Unit Name: _____

Comment [t2]: Name of your unit not your commander's name. Unit Name. What is the name of the unit filling out this request. It is a unit decision as to what level this request will be submitted (i.e. Brigade, Battalion, Company, Station, etc).

Address: _____ City: _____ State: _____ Zip: _____

Command/Unit POC: _____

Phone: _____ Fax: _____ POC Email: _____

Comment [t3]: Can list Battalion or Company address, but also need the actual duty address

Duty Address if different than Command Address: _____
Address: _____ City: _____ State: _____ Zip: _____

Comment [t4]: Whoever will be the unit POC. Unit decision on who this will be. It is not the Service POC.

Number of active duty personnel eligible to participate (Title 10 Only): _____

Comment [t5]: Unit POC contact info

Initial Request Follow On (incoming/outgoing personnel)

Comment [t6]: Actual duty address of Soldiers requesting the memberships

Private Fitness Facility:

Eligibility is for Service member only, no family members are authorized

Number of Active Duty personnel requesting a fitness membership: _____

Rate/Rank/Full Name of each Service member: _____

Comment [t7]: Active Duty Title 10 with a minimum of six months remaining at the unit in Title 10 status and able to meet the visit requirements during the next six months.

Comment [t8]: i.e. Gold's or Bally's private gym memberships, not YMCA

Name/Address/Phone number of Private Fitness facility of choice:
(All Service Members at this duty address MUST attend the same private facility)

Comment [t9]: Number of eligible and interested Service Members not family members. Active Duty Title 10 with a minimum of six months remaining at the unit in Title 10 status and able to meet the visit requirements during the next six months.

Fitness Facility Name: _____ Fitness Facility POC: _____
Address: _____ City: _____ State: _____ Zip: _____
Fitness Facility POC Phone: _____ Fitness Facility POC Email: _____

Comment [t10]: Please type or print legibly. Service Members only wanting a private gym membership

YMCA:

Number of Active Duty personnel requesting memberships: _____

Name/Address/Phone number of YMCA of choice:

YMCA Name: _____ YMCA POC: _____
Address: _____ City: _____ State: _____ Zip: _____
YMCA POC Phone: _____ YMCA POC Email: _____

Comment [t11]: Number of eligible and interested Service Members not family members. Active Duty Title 10 with a minimum of six months remaining at the unit in Title 10 status and able to meet the visit requirements during the next six months.

Rate/Rank/Full Name of each Service member: _____

Comment [t12]: Please type or print legibly. Service members names only wanting YMCA memberships

Membership Requirement:

(This section must be included with the request for IDP membership and signed by CO/OIC)

Federal DoD 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 at this duty station or future duty stations. 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.
 - 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.
- 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:

- **Private Fitness Centers:** Renewal Requests must include the usage documentation for all 6 months and submitted to jmixon@asymca.org along with the ORIGINAL 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 the ORIGINAL unit approved/signed IDP Request for a renewal to be processed.

The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:

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/duty location 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.

Signature _____
 Printed Name:
 Title
 Email

Comment [t13]: COMMANDER OR OFFICER IN CHARGE'S SIGNATURE

This section to be used by Services’ Point of Contact

Request for Independent Duty Personnel fitness memberships is Approved Disapproved.
The above named personnel are also authorized Respite Child Care at YMCAs that meet DOD criteria.

Approving Service POC _____

Comment [t14]: Leave Blank – DO NOT SIGN