**Total Life Fitness Application**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILITARY BRANCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCHARGE/RETIRED DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please provide evidence of service)

YEARS OF SERVICE:

YEARS OF EDUCATION/HIGHEST DEGREE BEYOND HIGH SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the nutrition and food preparation sessions**

Food allergies/dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a parent: yes/no

If a parent, ages of children:

**Outdoor activities**

The retreat features daily yoga and two outdoor events, a nature hike that will be on level ground but not on pavement and two 2-hour art sessions that will involve sitting and standing. In addition, the retreat features different venues for activities, the furthest one is three blocks. We allow time in between sessions to move/walk from one venue to the next. Please let us know if you will need accommodations for these two events and moving between sessions.

**Background**

Issues affecting transition/reintegration:

What do you hope to get out of the retreat?