

Stay Strong, Stay Healthy



Participant Enrollment

Name: _____

Best phone number: _____ Email: _____

Age and year of birth: _____ Gender: _____

In case of emergency, please call (please list two contacts):

Name: _____

Relation: _____ Phone number: _____

Name: _____

Relation: _____ Phone number: _____

Previous SSSH participant? ☐ Yes or ☐ No

Follow-up survey for first time participants:

If you are a first time-participant, are you willing to complete a follow-up survey?

☐ Yes or ☐ No

If yes, may we send the survey via email? ☐ Yes or ☐ No, please send via mail

Street Address: _____

City: _____ State: _____ ZIP: _____

At _____, we want to make sure we are presenting our programs to a wide range of participants. This information is voluntary and confidential, and will be used to identify our audiences in general.

Race

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Two or more races/Other
- ☐ Unknown

Hispanic

☐ Yes ☐ No

Veteran status

- ☐ Nonveteran
- ☐ Veteran
 - ☐ Vietnam Veteran
 - ☐ Other

Disabled

☐ Yes ☐ No

I need to tell you...

Here's where you can put any pertinent health conditions that you think the instructor needs to know.

--- Below is for instructor use only ---

Program site: _____

County: _____

Start date: _____

Returning participant initial if all responses are the same

____ Date _____

For instructor use. Valid for one year.



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