Stay Strong, Stay Healthy

Participant Enrollment

Name: _____

Best phone number: _____ Email: _____

Age: _____ Gender: _____

Address: _____

County: _____ State: _____

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Previous SSSH participant? ☐ Yes or ☐ No

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
- ☐ Prefer not to respond

Hispanic

☐ Yes ☐ No

Veteran status

- ☐ Non-veteran
- ☐ Veteran

Do you consider yourself a person with a disability?

☐ Yes ☐ No

For instructor use. Valid for one year.

I need to tell you...

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

_____

_____

Below is for instructor use only

Program site: _____

County: _____

Start date: _____

_____

Returning participant initial if all responses are the same

_____ ***Date*** _____

MU Extension
University of Missouri
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KANSAS STATE UNIVERSITY
Extension

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