

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: _____

Follow-up survey for first time participants:

Are you willing to participate in a three-month 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

Are you seeking State of Kansas Health Quest credits for this course? If yes, please provide your employee ID number below.
(This is a Letter followed by 10 numbers.)

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.