

Office Use Only
Course ID: _____
Notes: _____

Youth Program Information Form

Full Name: _____	Age: _____	Date of Birth: _____
Email: _____	Phone Number: _____	
Address: _____	City: _____	Zip Code: _____
Gender: _____		
Emergency Contact: _____		Contact Phone: _____
Ethnicity:		
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian (Non-Hispanic)	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Native Hawaiian or Pacific Island	<input type="checkbox"/> Do not know Ethnicity
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Other _____

Allergies

Do you have food/environmental or other allergies that could cause concern on today's program?

Allergy	Reaction	Treatment

Medical Information

Do you have any medical issues or concerns that may limit your participation on today's program? Please explain below.
