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

Returning participant initial if all responses are the same

____ ***Date*** _____

For instructor use. Valid for one year.

Are you seeking State of Kansas Health Quest credits for this course? If yes, please provide your legal name employee ID number and birth date 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:

MU Extension
University of Missouri
an equal opportunity/ADA institution

K-STATE Research and Extension