

**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.