



## Registration Form

**First Name (Include Nickname)**

**Last Name**

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**Pronouns** she/her, he/him, they/them, non-binary, prefer not to say, etc.

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**Birthday (mm/dd/yyyy)**

**Today's Date**

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**Phone (xxx)-xxx-xxxx**

**Email**

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**Address (Street address, City, State, Zip, Unit #)**

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**Languages Spoken (other than English)**

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**List any allergies we should be aware of:**

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**List any important medical history we should be aware of:**

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**List any accommodations we should be aware of:**

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**Race:** For statistical purposes we ask that you *voluntarily* and *confidentially* share the following demographic information. This data could help with possible funding opportunities in the future. Please tell us how you identify:

- American Indian, Alaskan Native, or Native American
- Asian or Asian American
- Black/African/African-American
- Continent of Africa
- European
- Caucasian
- Middle Eastern
- Hispanic/Latinx
- Native Hawaiian or Other Pacific Islander
- Mixed race
- Other: (please specify) \_\_\_\_\_

**Are you a veteran?**

- Yes
- No

**EMERGENCY CONTACTS (EC)**

EC 1 Full Name	Relationship	Phone	Email

EC 2 Full Name	Relationship	Phone	Email

**For staff use only**

**Did you Check Photo ID?**

- Yes
- Child/Minor

**Staff Name:** \_\_\_\_\_

**Card # Assigned:** \_\_\_\_\_