



## Registration Form

**First Name**

**Last Name**

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**Preferred Name**

**Pronouns**

**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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**Preferred language (\*\*will default kiosk to language rather than English\*\*)**

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

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**List any important medical conditions/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 and possible funding opportunities we ask that you *voluntarily and confidentially* share how you identify:

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

### EMERGENCY CONTACT(S)

| Full Name | Relationship | Phone |
|-----------|--------------|-------|
|           |              |       |
|           |              |       |

**We send alerts about building closures, program cancellations, schedule changes, and delayed openings. How you would like to receive these notifications (check all that apply)**

- ☐ SMS (text)
- ☐ Phone call

**Would you like to get emails with our monthly newsletters and quarterly program guides featuring events, resources, and activities?**

- ☐ Yes
- ☐ No

### For staff use only

**Did you Check Photo ID?**

- ☐ Yes
- ☐ Child/Minor

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

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