

Registration Form

Please Note: Items marked with a * are required.

Staff Board Member Volunteer Instructor Participant Monday Night Bingo
(SEE ABOVE: Please mark all that apply)

*First Name: _____ Last Name: _____ Middle Initial: _____

*Date of Birth: ____ / ____ / ____ Gender: Male Female

*Address: _____ City: _____ State: _____ Zip: _____

*P.O. Box: _____ Email: _____

*Phone Number(s): Home: _____ Cell (text): _____

Do you live alone? Yes No Are you a Veteran? Yes No

Marital Status: Married Single Widowed Divorced

Please list any Allergies: _____

Emergency Medications: _____

Medical Issues (COA needs to be aware of): _____

*EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

*Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: African American/Black
 Asian
 American Indian/ Alaskan Native
 Native Hawaiian/Other Pacific Islander
 White

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purposed only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation.

*SIGNATURE: _____ DATE: _____