



Name: _____

Best phone number: _____ Email: _____

Age: _____ Gender: _____

Address: _____

County: _____ State: _____

In case of emergency, please call (please list two contacts):

Name: _____ Phone: _____

Name: _____ Phone: _____

Previous SSSH participant? Yes or No

If a health care provider referred you to this program, please list their name: _____

At Kansas State University, Frontier District, 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
- Prefer not to respond

Hispanic

Yes No

Veteran status

- Nonveteran
- Veteran

Do you consider yourself a person with a disability?

Yes No

I need to tell you...

Here's where you can put any pertinent health conditions that you think the instructor needs to know, including food allergies.

--- Below is for instructor use only ---

Program site: Frontier District, Garnett Office

County: Anderson County

Start date: February 16, 2024

Returning participant initial if all responses are the same

_____ **Date** _____

For instructor use. Valid for one year.