## **PARTICIPANT REGISTRATION FORM**

| First Name   | Midd                            | lle Initial                 | Last Name  |
|--|---------------------------------|-----------------------------|--|
| Preferred Name   |                                 |                             |  |
| Home Address   |                                 |                             |  |
| Home Address, Cont.  |                                 |                             |  |
|  |                                 |                             | County   |
| Mailing Address, if different from above   |                                 |                             |  |
|  |                                 |                             |  |
| City   |                                 |                             |  |
| Phone  |                                 |                             |  |
| Emergency Contact Phone  |                                 |                             |  |
|  |                                 |                             | emale  |
| Race   | n/ Alaskan Native<br>merican    |                             | ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐ White, Hispanic ☐ Prefer not to answer |
| Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer   |                                 |                             |  |
| Is your household income below poverty level? (see chart)  |                                 |                             |  |
| Do you live alone? ☐ Yes ☐ No ☐ Prefer not to answer   |                                 |                             |  |
| Age Verification Documentation □ Driver License's □ Other  |                                 |                             |  |
| ☐ Self-Declared (sign Age Affidavit below)   |                                 |                             |  |
| Age Affidavit: I declare that I am 60 years of age or older. X   |                                 |                             |  |
| I understand that the center/site has a grievance procedure posted that will tell me how to lodge a complaint in the event that I feel I am being discriminated against due to my race, creed, color, sex, age, or national origin.  |                                 |                             |  |
| I understand that the information on this form may be used in statistical reports and I hereby give my permission to use the information collected about me if it does not identify me personally by name.   |                                 |                             |  |
| Name   |                                 |                             | Date   |
| Name   |                                 |                             | Date   |
| Name   |                                 |                             | Date   |
| OFFICIAL USE ONLY Site   |                                 |                             |  |
| For what reason is the individual of the last of the | ☐ Spouse<br>lividual residing w | of 60+ part<br>ith eligible | ticipant   |