

Rec Connect Registration Form

Today's Date: _____

1. Participant Information

First Name	Middle Initial	Last Name	Date of Birth	Gender (M/F)
Street Address		City	Zip Code	Home Phone #
School		Current Grade	Email Address	

2. Race/Ethnicity (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> African American
<input type="checkbox"/> Other Black _____
<input type="checkbox"/> Asian - Burmese
<input type="checkbox"/> Asian - Chinese
<input type="checkbox"/> Asian - Filipino
<input type="checkbox"/> Asian - Japanese
<input type="checkbox"/> Asian - Korean
<input type="checkbox"/> Asian - Thai
<input type="checkbox"/> Asian - Vietnamese
<input type="checkbox"/> Asian - Other _____
<input type="checkbox"/> Middle Eastern - Arab
<input type="checkbox"/> Middle Eastern - Iranian
<input type="checkbox"/> Middle Eastern - Other _____
<input type="checkbox"/> Native American
<input type="checkbox"/> Native Alaskan | <input type="checkbox"/> Pacific Islander - Guamanian
<input type="checkbox"/> Pacific Islander - Hawaiian
<input type="checkbox"/> Pacific Islander - Tongan
<input type="checkbox"/> Pacific Islander - Samoan
<input type="checkbox"/> Pacific Islander - Other _____
<input type="checkbox"/> White - European American
<input type="checkbox"/> White - Other _____
<input type="checkbox"/> Hispanic/Latino - Caribbean
<input type="checkbox"/> Hispanic/Latino - Mexican/Mexican Amer.
<input type="checkbox"/> Hispanic/Latino - Central American
<input type="checkbox"/> Hispanic/Latino - South American
<input type="checkbox"/> Hispanic/Latino - Other _____
<input type="checkbox"/> Multiracial/Multiethnic (Please select all boxes that apply)
<input type="checkbox"/> Declined to State
<input type="checkbox"/> Other (Please specify) _____ |
|---|--|

3. Primary Language

- | | |
|--|---|
| <input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Cantonese
<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Laotian
<input type="checkbox"/> Khmer/
Cambodian
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Hebrew | <input type="checkbox"/> Samoan
<input type="checkbox"/> Tagalog
<input type="checkbox"/> Toishanese
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Arabic
<input type="checkbox"/> Russian
<input type="checkbox"/> American
Sign Language
<input type="checkbox"/> Other: _____ |
|--|---|

4. English Fluency

- Fluent
 Not Fluent
 Somewhat Fluent

5. Allergies/Medications

Does the participant have any food or environmental allergies, or currently take any medication?

- Yes, explain: _____
 No

6. How did you hear about Rec Connect?

- | | |
|--|---|
| <input type="checkbox"/> Teacher
<input type="checkbox"/> Family
<input type="checkbox"/> Friend | <input type="checkbox"/> Poster/Flyer
<input type="checkbox"/> Rec Connect Staff
<input type="checkbox"/> Other (specify) _____ |
|--|---|

7. Parent/Guardian Contact

1. Name: _____ Relationship: _____
 Work#: _____ Cell#: _____

2. Name: _____ Relationship: _____
 Work#: _____ Cell#: _____

8. Emergency Contact (Other than parent)

1. Name: _____ Relationship: _____
 Work#: _____ Cell#: _____

2. Name: _____ Relationship: _____
 Work#: _____ Cell#: _____