

Date: _____

Emergency Contact Information

Please Print

First Name _____ Middle Initial _____

Last Name _____

Nickname _____ Date of Birth (M/D/YYYY) _____

Circle: *Male / Female / Non Binary / Decline to Answer*

Home Phone _____ Cell Phone _____

Home Address _____

Email address *(please print in boxes)*

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Emergency Contact Name 1 _____

Phone _____ Relationship _____

Emergency Contact Name 2 _____

Phone _____ Relationship _____

I have read and accepted the Code of Conduct & Standards of Independence Policy

(please sign) _____

Language Preference _____ Do You Live Alone? Yes No

Ethnicity: Caucasian Black/Afro-American Hispanic
 Asia/Pacific Islander Native American Decline to Answer

Are you disabled? Yes No

<u>Staff Use</u>	Initials:
<input type="checkbox"/> Newsletter:	
mail/online/pick up	
<input type="checkbox"/> Code of Conduct /	
Standards of Independence	
<input type="checkbox"/> Exercise Waiver	
<input type="checkbox"/> Photo taken	
Fob #	

The COA will not share your information with any 3 rd party except in the case of a medical emergency
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