



I CAN DO IT!
YOU CAN DO IT!
Participant Registration Form



Date:

User ID:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average XX hours or xx minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, ASRT/OCIO/PRA, 200 Independence Ave., S.W., Suite 531-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

Welcome!

1. Name: _____

2. Address: _____

Address

City

State

Zip Code

3. Parent/Guardian Contact Information:

	Mother	Father
Name:		
Home Phone:		
Work Phone:		
Cell phone:		
e-mail:		

4. Emergency Contact:

Name

Address

City

State

Zip Code

5. Are You: Male Female

6. Are you Hispanic or Latino? Yes No

7. Which best describes your race?

- American Indian/Alaskan Native
- Asian or Pacific Islander
- Black/African-American
- White/Caucasian

8. How old are you? _____ years old

9. How many people 18 and older live in your house with you? _____

10. How many people 17 and younger live in your house with you? _____

11. What is the main language spoken in your home?

- English

- Spanish
- Other (describe): _____

12. What is the highest grade or year of school either of your parent(s) completed? (please check one)

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)

13. What is the total annual income earned by everyone in your household?

- Under \$10,000
- Between \$10,000 and \$14,999
- Between \$15,000 and \$19,999
- Between \$20,000 and \$24,999
- Between \$25,000 and \$34,999
- Between \$35,000 and \$49,999
- Between \$50,000 and \$74,999
- \$75,000 or more

14. What type of disability or health condition do you have? (please check all that apply):

- Cognitive Disability (e.g. Autism, Down's Syndrome, Fragile X Syndrome)
- Learning Disability (e.g. Dyslexia, Attention Deficit Disorder, Sensory Integration Disorder)
- Mental Health Disability (e.g. Anxiety Disorder, Bipolar Disorder, Depression, Schizophrenia)
- Physical Disability (e.g. amputation, multiple chemical sensitivities, Muscular Dystrophy, Paraplegia, Cerebral Palsy, Spina Bifida)
- Sensory Disability (e.g. blindness or visual impairment, deaf or hard of hearing)
- Other (describe): _____

15. Do you use any accommodations or special equipment?

- Yes (Please answer question 15A)
- No (Please skip to question 16)

15A. What types of accommodations and/or special equipment do you use? (Please check all that apply)

- Accommodations for Sensory Disabilities (ASL interpreter, alternate format materials, braille, captioning large print, scribe, reader, etc.)
- Accommodations for Mobility Impairments (walker, crutches, manual/motorized wheelchair, scooter, etc.)
- Assistive technology (describe): _____
- Personal Care Assistant
- Service animal (i.e. guide dog or other animal)
- Oxygen/special breathing equipment
- Other (describe): _____

16. Do you have any allergies?

- Yes (Please answer question 16A)
- No (You're finished with the registration form!)

16A. Which allergies do you have? (Please check all that apply)

- Food allergies (describe): _____

- Bee stings
- Other (*describe*):

Thank you for completing this registration form.