

NAME: \_\_\_\_\_

CLASS LOCATION: \_\_\_\_\_ TIME OF CLASS: \_\_\_\_\_



### StrongBones Re-enrollment Form

In order to process your registration to continue in the StrongWomen program please complete the form below and submit cash or a check (\$35) made payable to: Shawano County UWEX.

Mail or deliver these items to:

Shawano County  
Healthy Families & Communities Program  
311 North Main Street, Room 101  
Shawano, WI 54166

Your **Updated** Contact Information (If any, including **email** address) \_\_\_\_\_

**Updated** Emergency Contact Name: \_\_\_\_\_

**Updated** Emergency Contact Phone: \_\_\_\_\_

1. Has anything changed in your Medical History or Current Health since last completion of your StrongWomen paperwork?  No  Yes  
(If yes, please request new "Medical History and Current Health Survey Form).
2. Have you voluntarily enrolled in the StrongWomen program?  No  Yes
3. Do you understand that there are risks to a program associated with exercise which may include muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack?  No  Yes
4. Do you release everyone who has designed, promoted, or conducted the StrongWomen program from all claims, or liabilities whatsoever resulting from your participation?  No  Yes
5. Do you assume all risks and responsibility for any injury, damage, or any other adverse event that may result from your participation in this program?  No  Yes
6. Do you agree to be photographed in class with the potential that your photo may be utilized in promotional materials?  No  Yes
7. Are you committed to completing the entire program by missing as few sessions as possible?  
 No  Yes

Signature \_\_\_\_\_ Date \_\_\_\_\_

An EEO Affirmative Action employer Shawano County provides equal opportunities in employment and programming including Title IX and ADA requirements.  
If you require reasonable accommodations to participate in programming or this form in a different format,  
Please contact: Kara Skarlupka 715-526-4863



## Recording Results: Demographics Form Template

Q1 Event Name: Strong Bones

Q2 Event Date 1/2019 to 03/31/2019

Q4 Please provide the following demographic information about yourself. This information is used to ensure our programming is reaching a diversity of audiences and to fulfil our obligations as a recipient of federal funding. You reserve the option to not provide this demographic information. Should you choose to not provide this information, please choose "Prefer not to respond."

Q3 Please indicate your race. Choose only one answer.

- American Indian and Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Native Hawaiian and Other Pacific Islander (4)
- White (5)
- Two or more races (6)
- Prefer not to respond (7)

Q5 Please indicate your ethnicity. Choose only one answer.

- Hispanic or Latino (1)
- Not Hispanic or Latino (2)
- Prefer not to respond (3)

Q6 Please indicate your "Sex". Choose only one answer.

- Female (1)
- Male (2)
- Prefer not to respond (3)

Q7 Please indicate your age. Choose only one answer.

- Adult (19 years or older) (1)
- Youth (18 years or younger) (2)
- Prefer not to respond (3)