**Participant Registration Form [Example]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [Organization] ID No.  Same # as ID Photo | Ex. AF1 0001 | | | | | |
|  |  |  | | |  | |
| Registration Date | **dd.mm.yyyy**  Use first date they ever participated in our programs | | | | | |
| Program  circle all that apply | **Outreach | Skateboarding | Art Classes** | | | | | |
| Partner or  Outreach location if applicable |  | | Class  Group Name | | |  |
| Family Name |  | | Given Name | | |  |
| Gender | **Male | Female** | | Birth Date | | | **dd/mm/yyyy** |
| Emergency Contact  Name |  | | Emergency  Contact No. | |  | |
| Nationality Country of birth |  | | | | | |
| Ethnicity | **1.** | | Language | **1.** | | |
|  | **2.** | |  | **2.** | | |
| In School  circle one | **Yes | No** | | Highest Grade  Achieved |  | | |
| What sports do you play? | List only sports they played before starting our program | | | | | |
| Disability  circle one | **None | Mental | Physical | Both |** | | **Internally  Displaced?** | **Yes | No** | | |
| Health Comments |  | | | | | |
| Location of Work  circle one | * **Helping family business at home** * **Working outside – business or shop** * **Working outside – informally**   **(selling, recycling)**   * **Work experience placement** * **Not working** | | Family  Income Level  circle one | **Low | Lower Middle |**  **Middle | High** | | |
| Job of father or guardian |  | | Job of mother  or guardian |  | | |
| Media permission? | **Yes | No | Unsure** | | | | | |
| General comments | Ie. Number of siblings also attending programs, other comments | | | | | |
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