



Ada Irving Community Center

Participant Information Form

APPLICANT CHARACTERISTIC SURVEY FORM

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for examination. This information will be used for federal reporting and research purposes only to find out how effective our efforts are in reaching all segments of the population and in providing equal opportunities.

Any information obtained on this form will be for Irving Community Center sole use and will be kept in confidence. By providing an emergency contact you are granting permission to the staff of the Irving Community Center to contact them in the case of an emergency.

We would like to print your name, address, telephone number and birthday information in our social directory. **ALL OTHER INFORMATION WILL BE KEPT CONFIDENTIAL!** MAY WE PRINT AFORE MENTIONED INFO? Yes _____ No _____

Name: _____ Date of birth: _____ Gender: M or F
(Last, First) Please Print (mm/dd/yy)

Address: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Emergency Contact Information:

Name: _____

Relationship to Participant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Waiver: Being of full age and in consideration of my participation in activities at the Irving Community Center, I do hereby release and forever discharge the City of Ada, their agents and employees, their representatives, successors, and assignees from all claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever resulting or which may result from participation in these programs.

Signature: _____ Date: _____

Please return completed form to the front office at 530 West 5th, Ada, OK 74820.