



L I V E S T R O N G[®]
AT THE YMCA
PARTICIPANT INTEREST FORM

ARDMORE FAMILY YMCA
920 15TH AVE NW, ARDMORE, OK 73401
P 580-223-3990

TODAY'S DATE: ___/___/___

SURVIVOR INFORMATION This form must be filled out by the survivor.

First Name: _____ Last Name: _____
Address _____
City _____ State ___ Zip _____
Email Address: _____
Primary Phone: (____) _____ Other Phone: (____) _____ Date of Birth ___/___/___

EMERGENCY CONTACT:

First Name: _____ Last Name: _____
Address _____
City _____ State ___ Zip _____
Primary Phone: (____) _____ Other Phone: (____) _____

PROGRAM INFORMATION:

Cancer Diagnosis _____ Date of Diagnosis: ___/___/___
Surgery/Treatment _____
Additional Health Issues _____

Program Availability: MORNINGS AFTERNOONS EVENINGS
 MONDAYS TUESDAYS WEDNESDAYS THURSDAYS FRIDAYS

Universal T-shirt Size: ___S ___M ___L ___XL ___2XL

ADDITIONAL FOLLOW-UP NEEDED BY PROGRAM COORDINATOR (BE SPECIFIC):