



# L I V E S T R O N G<sup>®</sup> 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):

YMCA Staff: Place this inquiry on the desk of Debbie Newell, LiveSTRONG Program Coordinator