



# Aban Institute and Associates, Inc.

Discover. Engage. Educate. Participate in Life Changing Activities.

## Enrollment Application

Complete the following information and return to Aban Representative. Each participant must have a completed application to participate in the program. All participants must sign this document. Your signature indicates your willful agreement to abide by the rules of conduct in our program(s).

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ward: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(If a minor)  
Parent or Guardian  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Family Income:

\$0 - \$9,999 \_\_\_\_\_ \$10,000-\$19,999 \_\_\_\_\_  
\$20,000-\$29,999 \_\_\_\_\_ \$30,000-39,999 \_\_\_\_\_  
\$40,000+ \_\_\_\_\_

### Health information:

Is the participant under doctor's care for any health problem? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant on medication? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Can the participant perform physical activities? (Running, Swimming, Lifting Moderate weight Objects, etc.?) \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other information that could prevent the participant from engaging in our activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Contact Person**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_