



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

FOND DU LAC FAMILY YMCA
90 W. 2nd Street Fond du Lac, WI, 54935
P 920.921.3330 | F 920.921.3376

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 in the mailbox of Jacob Berger, Program Coordinator