



## Above the Influence Application

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

Pronouns: \_\_\_\_\_

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

Gender: \_\_\_\_\_

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

Birthday: \_\_\_\_\_

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

Race / Ethnicity: \_\_\_\_\_

Grade: \_\_\_\_\_

### Parent/guardian contact information

Emergency Contact #1 Name : \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

### Shirt Size:

☐ XS

☐ S

☐ M

☐ L

☐ XL

☐ 2XL

Do you have any health issues that program staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please describe below (Allergies, medications, etc.)

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