



**Friends United of WNY**  
 P.O. Box 1154  
 West Seneca, NY  
 14224

t: 716.421.9974  
 email: friendsunited192@gmail.com  
 Facebook: friendsunited21



**Participant Registration for Friends United of WNY (FUN@WNY)**

Name (printed): \_\_\_\_\_  
Last First Middle

\* indicates required information

**Personal Information of Participant:**

\*Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Address: \_\_\_\_\_  
# and Street City Zip Code

\*Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

\*State/Federal ID Number: \_\_\_\_\_ \*Volunteer Initials: \_\_\_\_

**Is Participant under the age of 18?** Y  or N

\*If Participant is under the age of 18:

**Parent or Legal Guardian Information**

Name (printed): \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
# and Street Locale Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

State/Federal ID Number: \_\_\_\_\_ \*Volunteer Initials: \_\_\_\_

**Emergency Contact Information**

\*Name (printed): \_\_\_\_\_  
Last First Middle Initial

\*Address: \_\_\_\_\_  
# and Street City Zip Code

**Group/IRA Home Contact Information**

\*Address: \_\_\_\_\_  
# and Street City Zip Code

\*Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Manager/Director Name (printed): \_\_\_\_\_  
Last First



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**General Questions:**

Does the participant have any health issues or allergies we should know about? Y  or N

1. \_\_\_\_\_ Onsite care allowed? Y  or N

If care is allowed, please describe:

\_\_\_\_\_

2. \_\_\_\_\_ Onsite care allowed? Y  or N

If care is allowed, please describe:

\_\_\_\_\_

3. \_\_\_\_\_ Onsite care allowed? Y  or N

If care is allowed, please describe:

\_\_\_\_\_

\*Note: FUN@WNY reserves the right to contact emergency services (9-1-1) at any time

Other information we should know:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signatory** (Participant or Parent/Legal Guardian if Participant is under 18):

I, the undersigned, attest that the aforementioned information in this 2-page document is factual.

Date (mm/dd/yyyy): \_\_\_ / \_\_\_ / \_\_\_\_\_

Name (printed): Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Name (signed): \_\_\_\_\_