

# SIGN UP FORM

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Account Information:

Desired Username: \_\_\_\_\_

Password: \_\_\_\_\_ Confirm Password: \_\_\_\_\_

## Consent and Agreements:

By signing below, I certify that all information provided in this Sign Up Form is true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in termination of my account or legal action. I hereby consent to the collection, use, and storage of my personal information in accordance with applicable U.S. privacy laws and the organization's Privacy Policy. I acknowledge that I have read, understood, and agree to abide by all terms, conditions, and policies related to the use of the services provided. I acknowledge that this Sign Up Form constitutes a legally binding agreement under United States law.

## Signature and Date:

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

Date: \_\_\_\_\_

**SIGNATORY'S NAME**

**WITNESS NAME**

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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