Participant and/or Survivor Registration

RELAY FOR LIFE
American Cancer Society

PLEASE PRINT NEATLY IN BLACK INK USING UPPERCASE CHARACTERS.
PLEASE KEEP ALL WRITING INSIDE THE BOXES.

07028

EVENT NAME

TEAM CAPTAIN'S NAME

TEAM NAME

EXAMPLE: ABC123

* = REQUIRED INFORMATION

OFFICE USE ONLY $,. 00

CHECK IF TEAM CAPTAIN:

PLEASE SELECT YOUR T-SHIRT SIZE:
YOUTH SIZES: YS YM YL
ADULT SIZES: S M L XL XXL XXXL

TITLE (MR, MRS, MS, DR)

* FIRST NAME

MI

* LAST NAME

SUFFIX (SR, JR, III)

PROFESSIONAL DEGREE (MD, PHD)

GENDER M F

* HOME ADDRESS

HOME ADDRESS LINE 2

* CITY

* STATE

* ZIP

HOME PHONE W/AREA CODE

EMAIL ADDRESS

JOHNDOE@EXAMPLE.COM

THIS IS MY EMAIL AT: HOME WORK

BIRTH DATE M M D D Y Y Y Y

SELECT THE RACE WITH WHICH YOU MOST CLOSELY IDENTIFY (PLEASE SELECT ONE)

AFRICAN AMERICAN/ BLACK
AMERICAN INDIAN/ ALASKAN NATIVE
ASIAN
CAUCASIAN/ WHITE
HISPANIC/ LATINO
PACIFIC ISLANDER
OTHER

MY REASON TO RELAY
PLEASE SELECT ALL THAT DESCRIBE YOUR EXPERIENCE WITH CANCER:

- CAREGIVER FOR SOMEONE WHO HAS/HAD CANCER
- I HAVE/HAD CANCER
- MY RELATIVE HAS/ HAD CANCER
- MY FRIEND HAS/ HAD CANCER

MY MOST RECENT DIAGNOSIS IS/WAS...
PLEASE INDICATE BELOW

- COLON/ RECTAL
- BREAST
- LUNG
- PROSTATE
- OTHER _____
- SKIN

MY DATE OF DIAGNOSIS IS/WAS M M D D Y Y Y Y

PLEASE SELECT ALL OF THE OPPORTUNITIES IN WHICH YOU ARE INTERESTED:

- BECOMING INVOLVED IN OTHER ACS VOLUNTEER OPPORTUNITIES
- INCLUDING ACS IN MY WILL, TRUST OR ESTATE PLAN
- ADVOCATING FOR LEGISLATION TO HELP CANCER PATIENTS AND THEIR FAMILIES
- BECOMING MORE INVOLVED IN RELAY FOR LIFE NEXT YEAR

PLEASE INCLUDE YOUR EMAIL ABOVE TO ENSURE A QUICK FOLLOW-UP TO YOUR STATED INTEREST

- AS A PARTICIPANT IN RELAY FOR LIFE, FOR MYSELF, MY EXECUTOR, ADMINISTRATORS, AND ASSIGNS, I DO HEREBY RELEASE AND DISCHARGE THE AMERICAN CANCER SOCIETY, THE EVENT SITE, THEIR MANAGEMENT, THEIR OFFICERS, MEMBERS, SPONSORS, ORGANIZERS, OR THEIR REPRESENTATIVES, OR THEIR SUCCESSORS, AND ALL COOPERATING BUSINESSES AND ORGANIZATIONS FROM ALL CLAIMS OF DAMAGES, DEMANDS, ACTIONS, AND CAUSES WHATSOEVER, IN ANY MANNER ARISING OR GROWING OUT OF MY PARTICIPATION OR THAT OF MY CHILD IN THIS EVENT.
- I GIVE MY FULL PERMISSION FOR THE USE OF MY NAME AND PHOTOGRAPH IN THIS EVENT.
- I ALSO GIVE MY FULL PERMISSION FOR SUCH FIRST AID AS IS DEEMED NECESSARY TO BE PROVIDED TO ME OR MY CHILD ON THE PREMISES OR PRIOR TO TRANSPORT TO A HOSPITAL FOR FURTHER TREATMENT.

PARTICIPANT/GUARDIAN SIGNATURE _____ DATE _____