



Participant and/or Survivor Registration



07028

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

EXAMPLE:

ABC123

* = REQUIRED INFORMATION

CHECK IF TEAM CAPTAIN:

EVENT NAME

TEAM CAPTAIN'S NAME

TEAM NAME

OFFICE USE ONLY \$ 0 0

PLEASE SELECT YOUR T-SHIRT SIZE:

YOUTH SIZES

YS YM

ADULT SIZES

YL 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

RACE OR ETHNICITY (PLEASE SELECT ONLY ONE BOX.) TO ENSURE THAT WE ARE DOING OUR VERY BEST TO ENGAGE ALL OF OUR CONSTITUENTS AND KEEP YOU BETTER INFORMED ABOUT SPECIFIC SOCIETY ACTIVITIES AND PROGRAMS THAT YOU MAY BE INTERESTED IN, WE ARE ASKING CONSTITUENTS TO SELF-IDENTIFY THEIR RACE OR ETHNICITY

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

LUNG

OTHER

MY DATE OF DIAGNOSIS IS/WAS

BREAST

PROSTATE

SKIN

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 MAKE CANCER A TOP NATIONAL PRIORITY THROUGH YOUR PARTNER ORGANIZATION, ACS CAN

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 _____