



Participant and Survivor Registration



07028

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

EXAMPLE:

ABC123

* = REQUIRED INFORMATION

EVENT NAME

TEAM CAPTAIN'S NAME

TEAM NAME

CHECK IF TEAM CAPTAIN:

OFFICE USE ONLY
\$, .

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

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

SELF

RELATIVE

FRIEND

MY MOST RECENT DIAGNOSIS IS/WAS

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 _____