



MEMBER REGISTRATION AND PROGRAM AGREEMENT

Capital of Texas Team Survivor provides health education, exercise and support programs for women cancer patients and survivors in all stages of treatment and recovery. Our programs provide women with a means to use exercise as a way to heal both physically and emotionally as cancer survivors.

MEMBER REGISTRATION

Name: _____ Birth Date: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Email address: _____

Emergency Name: _____

Day Phone: _____ Evening Phone: _____

May we put your name & registration information in our membership database to share with other members and for event notifications? **Yes** or **No** (circle one)

Type of Cancer: _____ Diagnosis Date: _____

Doctor's Name: _____

Please write a brief description of your exercise/sports interests and your health goals:

PROGRAM AGREEMENT

The undersigned agrees to abide by the requirements and rules of Capital of Texas Team Survivor, including, but not limited to, filling out & signing the Membership Registration and Program Agreement, the Assumption of Risk and Waiver of Liability, and the Program Participation Log forms. The undersigned agrees to provide updated information to the aforementioned forms as changes occur.

The undersigned agrees to allow any photo likeness taken during participation in events to be used in Capital of Texas Team Survivor promotional or information materials.

Participant's Signature: _____ Date: _____

Guardian's Signature, if under 18 years of age:
