



# Team Registration Form

Please fill out the Registration Information below on each Team Member. Enclose their Commitment Fee (if applicable) and turn in to the Jamaica Cancer Society.

**PLEASE PRINT CLEARLY**

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Are you a cancer survivor? Yes /No  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email : \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

*In consideration of my participation in Relay For Life, I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with the event and I further waive, release discharge and covenant not to sue the Jamaica Cancer Society, its officers, members, sponsors, organizers or other representatives, or successors and assigns for any injuries, loss or damages of any kind whatsoever suffered as a result of taking part in the event and related activities.*

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Are you a cancer survivor? Yes / No  
Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
Email: \_\_\_\_\_

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Home Address: \_\_\_\_\_  
Phone: (wk) \_\_\_\_\_ ext. \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
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Home Address: \_\_\_\_\_  
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*of any kind whatsoever suffered as a result of taking part in the event and related activities.*