



Information Form

Please return form at your next program participation, or send to: Jean Snow 15587 Garden Rd. Poway, CA 92064 858.748.7965

Form fields: First Name, Last Name, Address, City, Zip, Email, Birth date, Daytime Phone, Evening Phone, Profession, Emergency contact, Relationship, Phone

How did you hear about Team Survivor?
What type of cancer do/did you have?

Medical history questions: Do you have a heart condition..., Do you feel chest pain..., Do you ever loose your balance..., Have you ever lost consciousness..., Do you have a bone or joint problem..., Are you taking blood pressure..., Are you pregnant..., Have you had recent surgery..., Have you had any problems..., Is there any reason why you should restrict...

Please explain any "Yes" answers above (use back if you need more room):

Previous exercise (circle one) A lot Some Not Really Never
For Dragon Boat activity – do you have basic swimming skills? Yes No

What are your fitness interests and goals?

The undersigned is under the care of a medical professional and has been asked to obtain a Medical Release before program participation.

I assume all responsibility for and risk of damage or injury that may occur in any programs organized by Team Survivor, including injuries occurring while participating in exercise or movement or while using equipment or facilities.

I have read and understand this assumption of risk agreement and release and willingly and without duress sign it, on behalf of myself and my spouse/partner with his/her full consent and approval, and agree to be bound by it.

Signature (parent/guardian if under 18 years old) Date