



Information Form

Bring the completed form to your first practice/class or email to info@teamsurvivorsd.org.

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? _____

Do you have a heart condition that affects your physical activity? _____	Yes	No
Do you feel chest pain when you do physical activity? _____	Yes	No
Do you ever loose your balance or become dizzy? _____	Yes	No
Have you ever lost consciousness? _____	Yes	No
Do you have a bone or joint problem that could be affected by physical activity? _____	Yes	No
Are you taking blood pressure or heart medications? _____	Yes	No
Are you pregnant or have you given birth in the past 6 months? _____	Yes	No
Have you had recent surgery? _____	Yes	No
Have you had any problems since last cancer treatment or surgery? _____	Yes	No
Is there any reason why you should restrict your physical activity? _____	Yes	No

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	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. In consideration of being a participant in programs I, or on behalf of myself and my heirs or assigns, hereby release and discharge Team Survivor, its officers, directors, employees, agents and volunteers from all claims, demands, rights of cause of action, present or future, whether known or unknown, anticipated or unanticipated, and resulting from or arising out of incident to my participation in programs.

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
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