

TEAM IN TRAINING VOLUNTEER REGISTRATION FORM

Texas Gulf Coast Chapter, 5005 Mitchelldale, Suite 115, Houston, Texas 77092
 Phone: 713.680.8088 Fax 713.957.3499

Name: _____ Soc. Sec. #: _____ (Last 4 Numbers)

Home Address: _____

City _____ State: _____ Zip: _____

Home Ph: _____ Wk: _____ Cell: _____

Email: _____ Sex: Male Female Birth: ___/___/___

Education (last completed): High School College Post Graduate

Employer: _____ Position/Title: _____

Company Address: _____

Personal Connection? Yes No Relationship: Daughter Son Mother Father Wife
 Husband Grandparent Self Other Domestic Partner

Diagnosis & Stage: _____

REGISTRATION INFORMATION

As a Team In Training volunteer supporting The Leukemia & Lymphoma Society and its mission, I hereby agree to train for and participate in the following marathon, triathlon or century ride, and to raise the designated participation minimum by the deadline of three weeks prior to my event (with reimbursement to one month after my event).

University Medical Center 29th El Tour de Tucson November 19, 2011 \$3,600 (\$3,300 w/o flight) <input type="checkbox"/> Century	Honolulu Marathon December 11, 2011 \$4,600 (\$4,100 w/o flight) Select one: <input type="checkbox"/> Run or <input type="checkbox"/> Walk
Chevron Houston Marathon and Aramco Houston Half Marathon January 15, 2012 \$2,150 Select one: <input type="checkbox"/> Run or <input type="checkbox"/> Walk Select one: <input type="checkbox"/> Full or <input type="checkbox"/> Half	Memorial Hermann Ironman 70.3 Texas April 1, 2012 \$2,900 <input type="checkbox"/> Half Iron
St. Croix International Triathlon May 6, 2012 \$5,500 (\$5,000 w/o flight) <input type="checkbox"/> Half Iron	<input type="checkbox"/> YES, I am a TNT Alumni, please apply my TNT Alumni Loyalty Discount of \$250 to my selected price point.

- I have enclosed a check for my \$ **100.00** non-deductible / non-refundable/non-transferable registration fee
 Please charge my credit card for the \$ **100.00** non-deductible/ non-refundable/non-transferable registration fee:

_____ Exp. Date _____
 Card Number _____

_____ Name as it appears on the card _____ Signature _____

- I am a past participant. I completed the _____ in _____ (Season/Year) I have enclosed a check for my \$**50.00** non-deductible/non-refundable/non-transferable registration fee or please charge my card listed above.

RECRUITMENT INFORMATION

How did you hear of the Team In Training program - **identify primary source only:**

- I am a past participant; (Marathon / Century / Triathlon /Year completed) _____
 Referred by a friend and/or past participant Direct Mail
 Radio Brochure / flyer
 Television Magazine article Magazine Advertisement (Name of Magazine) _____ Billboard
 Newspaper article Newspaper Advertisement (Name of Newspaper) _____ Racing Packet

T-Shirt Size (circle one):	XS	S	M	L	XL	XXL
TRAINING AREA (circle one):	Central (Memorial Park)	The Woodlands	W. Houston (Terry Hershey Park)	Cycle	Triathlon	Flex
FOR OFFICE USE ONLY: Mentor:	_____					



Team In Training Volunteer Commitment Agreement

Team In Training (“TNT”) is a program of The Leukemia & Lymphoma Society (“LLS”). As a TNT volunteer, you will help LLS generate awareness of The Leukemia & Lymphoma Society and its mission and objectives; attract volunteers for the LLS’s programs and activities; advocate for increased research into cures for leukemia and related disorders; and educate the public.

The Leukemia & Lymphoma Society asks a lot of its TNT volunteers. First, we ask you to commit to train for and participate in a marathon/century ride/triathlon or similar event. We ask you to honor a blood cancer patient on whose behalf you will be competing.

As a TNT volunteer, you will receive no compensation from LLS. In fact, you will be asked to raise funds for blood cancer research and patient service programs and to help defray the costs of the TNT program. Each event that you may wish to volunteer for has a participation minimum connected with it. If you raise the minimum level of funds for that event, you will be eligible to have your expenses of participating in the marathon/century ride/triathlon or similar event paid by LLS. In light of this, we take your commitment to raise the participation minimum seriously. We want all Team In Training volunteers to be successful in raising at least the minimum and have structured the program to provide the support to help you reach your fundraising goal.

INJURY/ILLNESS – Participants who suffer from injury or illness prior to the final charge date for their chosen event can transfer the funds they have already raised to another event in the next TNT season. A person must present a verifiable doctor’s note and return the event transfer agreement within 2 weeks of notification.

PARTICIPATION MINIMUMS - Below are the required participation minimums for each event. These minimums are set to ensure we keep our program costs low, maintaining our credibility to all of our donors and most importantly, maximizing the funds we are able to invest in our mission to cure leukemia, lymphoma, Hodgkin’s disease and myeloma and improve the quality of life of patients and their families.

University Medical Center 29th El Tour de Tucson, November 19, 2012 - \$3,600 (\$3,300 w/o flight)

Honolulu Marathon, December 11, 2011 – \$4,600 (\$4,100 w/o flight)

Chevron Houston Marathon and Aramco Houston Half Marathon, January 15, 2012 - \$2,150

Memorial Hermann Ironman 70.3 Texas, April 1, 2012 - \$2,900

St. Croix International Triathlon, May 6, 2012 - \$5,500 (\$5,000 w/o flight)

What if I don’t make the minimum? - While we understand that this may be the most money you have ever attempted to raise, and you may feel unsure about whether you will be able to do it, we have found that if you follow the recommended guidelines and use the materials provided, you will be successful.

On your respective Recommitment Date, we will ask you to submit a “Recommitment Form,” confirming your commitment to the team and to raise the participation minimum set for your event (as listed above). At this time (if you have not already turned in the minimum) we will ask you to secure your position on the team with a credit card or check, acknowledging that you will donate the difference between what you have raised and the minimum, if you have not raised the minimum by the charge date. Should you decide not to recommit, you will need to withdraw from the program at this time.

Expense reimbursement policies - It is LLS’s TNT policy NOT to: a) Incur meal, lodging or travel expenses that are “lavish or extravagant” or b) Pay the traveling expenses of spouses or other traveling companions.

I have read and understand the above. I hereby commit to being a TNT volunteer, and to meet the expectations set forth above. I acknowledge that I am participating in TNT solely to support the mission of The Leukemia & Lymphoma Society, without any expectation of monetary benefit from my participation in TNT. I also acknowledge that as a TNT volunteer, I will be engaging in fundraising activities on behalf of and as agent of The Leukemia & Lymphoma Society, and that any funds raised or held pursuant to such activities are the property of The Leukemia & Lymphoma Society.

Signature: _____

Print Name: _____ Date _____

I want to stay informed through email alerts on blood cancer research and legislation to help LLS advance its mission.

YES _____

(This information helps LLS influence legislators to advance our mission.
We will never share or sell your name or address with any other organization.)

Participant Liability Release/ Consent and Information Release

I, _____ (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in The Leukemia & Lymphoma Society, Inc. ("LLS") Team In Training program (the "Program") and all of its activities including, but not limited to, training for and participating in the following event: _____ (collectively, the "Event") at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for an participating in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on my by any physician that would in any way prevent me from actively participating in the Event.

In consideration of LLS's sponsorship of this Event and my being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless LLS and its chapters, their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the Program, and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "Society"), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss of inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event, whether resulting from LLS's negligence or otherwise (collectively, "Liabilities").

I also give permission to LLS to freely use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Event (the "Personal Release"). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release ("Consent"): I hereby grant permission to LLS to render preventative or first-aid assistance or seek treatment or medical care that is seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to LLS to use and disclose my personal health information ("PHI") in the ways described in this form. I allow LLS to use my PHI as necessary for purposes related to my treatment. I also allow LLS to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of LLS.

This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of New York.

Date: _____
_____ **Signature of Participant**

**Must be signed also by parent or legal guardian if the Participant is under age 18 on the date this Release and Consent is signed.*

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of myself and the Participant, I agree to the terms of this Release, including the Consent, on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless LLS (as defined above) from all Liabilities (as defined above).

Date: _____
_____ **Signature of Parent/Guardian**



Authorization for Release of Information to The Leukemia & Lymphoma Society, Inc.

Participant name: _____

By signing below, I allow physicians, hospitals, ambulance companies, or any other health care provider (“Providers”) to give out any and all medical information concerning the Participant. The Providers can give the information to coaches, staff, and volunteers working for or with The Leukemia & Lymphoma Society, Inc. (“LLS”) This information includes oral or written medical information that relates to or affects participant in activities, programs or events affiliated with or sponsored by LLS (“LLS Programs”). This information will be used in connection with LLS Programs.

This information may include, but is not limited to, all information within a Provider’s knowledge. It includes information found in any records under his or her control or supervision concerning the Participant’s physical condition, illness, and/or injuries.

This information may be used or given out by LLS as necessary to run the programs. This includes, but is not limited to, uses and disclosures to the Participants friends or family, coaches, LLS’s insurers, or other persons or entities involved in the LLS Programs.

This form expires one year after the last date the Participant is involved in any LLS Program.

I understand that I do not have to sign this form. My choice about whether to sign this form will not change the way health care providers treat the Participant. I know that I can see or copy any paper records that have been given out. I also understand that if information is given to LLS as allowed in this form, it may be no longer protected by federal privacy laws and may be subject to further disclosure.

This form can be revoked at any time in writing. Written revocations should be signed and given to:

Amanda Payne
Texas Gulf Coast Chapter
The Leukemia & Lymphoma Society
5005 Mitchelldale, Suite 115
Houston, TX 77092

A revocation letter will not affect any actions taken before LLS received the letter.

Signature

Date

* Must be signed also by parent or legal guardian if the Participant is under age 18 on the date this form is signed.

Signature

Date

Explanation of authority to sign if someone else signs this form:



Team In Training Fitness And Emergency Information

Please fill out this card completely so that your coaches will have the information available at training.

Name _____ D.O.B. _____

Address _____

Home Phone _____ Work Phone _____

Medical Insurance Company _____ Insurance ID# _____

Current Medications You Are Taking _____

Allergies (food, medications, etc.) _____

Do you wear contact lenses: YES _____ NO _____

Emergency Contact #1 (can't be on trip with you) Name _____

Phone Number _____ Relationship _____

Emergency Contact #2 Name _____

Phone Number _____ Relationship _____

Donations are not transferable to another event for any reason. If you become injured and provide a verifiable doctor's letter, you may join the next event (with the same or less fundraising goal) in the next season, if you have the minimum fundraising amount in your account by the final deadline date. This applies to the doctor's documented injured Team Member only.

Signature of Participant

Date

Health and Fitness Self Evaluation Form

NAME _____ () RUNNER () WALKER () TRIATHLETE () CYCLIST

Training Area: _____

Mentor: _____ (to be filled in by TNT staff)

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS IN THE PAST YEAR?

- | | | | |
|-------------------------|---------------------|-----------------------|---------------------|
| ___ A CHRONIC ILLNESS | ___ BACK PROBLEMS | ___ DIABETES | ___ ASTHMA |
| ___ HEART MURMUR | ___ CHEST PAIN | ___ SURGERIES | ___ UNUSUAL FATIGUE |
| ___ CHRONIC INJURY | ___ FAINTING SPELLS | ___ TROUBLE BREATHING | |
| ___ HIGH BLOOD PRESSURE | ___ OTHER | | |

PLEASE EXPLAIN SYMPTOMS OR DESCRIBE 'OTHER' CONDITIONS STAFF SHOULD BE AWARE OF:

I CURRENTLY ENGAGE IN ATHLETIC/SPORTS/FITNESS ACTIVITIES: (CIRCLE ONE)

DAILY 5-6 DAYS/WEEK 3-4 DAYS/WEEK 1-2 DAYS/WEEK ALMOST NEVER

HAVE YOU EVER COMPLETED A MARATHON/HALF MARATHON, CENTURY RIDE OR TRIATHLON?

YES NO Which _____

IF YES, PLEASE INDICATE THE MOST RECENT YEAR, DISTANCE AND FINISHING TIME:

YEAR: _____ DISTANCE: _____ TIME: _____

WHAT IS THE LONGEST DISTANCE YOU HAVE RUN/WALKED/CYCLED IN THE PAST 3 MONTHS? _____

WHAT ARE YOUR GOALS FOR THE MARATHON, TRI OR CYCLE? (CIRCLE ONE)

JUST FINISH TIME GOAL

IF A TIME GOAL, WHAT IS YOUR GOAL ? _____

WHAT IS THE BEST TIME TO CONTACT YOU? MORNING AFTERNOON EVENING

WHAT IS THE BEST WAY TO CONTACT YOU?

WORK PHONE E-MAIL HOME PHONE CELL PHONE

(Most correspondence is done through email. Please make sure to provide an email address on the registration form)

PLEASE RANK THE THREE (3) THINGS YOU HOPE TO GAIN FROM THE TNT PROGRAM?

(1= MOST HOPE TO GAIN FROM PROGRAM, 2= SECOND MOST IMPORTANT, 3=LEAST IMPORTANT)

TEAM EXPERIENCE _____ SUPPORT THE CAUSE _____ GET FIT _____

WHAT ASPECT OF THE TNT PROGRAM SEEMS MOST CHALLENGING? (circle one)

TRAINING FUNDRAISING

WHAT EXTRA CAN WE DO TO HELP YOU WITH THIS CHALLENGE?
