



DRAGON BOAT ATLANTA A BREAST CANCER AWARENESS TEAM

Applicant Information

Full Name (PRINT) _____
Last First M.I.

Address _____

Phone: _____ Alternate Phone _____

Email: _____

Birth month/day _____ Survivor: Yes No Year diagnosed: _____

Medications: (that the team should know about) _____

Health concerns; _____

What I am looking for as a team member: _____

How I can contribute to the team: _____

Emergency Contact Information

Full Name (PRINT) _____ Relationship _____

Phone: _____ Alternate Phone: _____

Uniform and Equipment Information

Height: _____ Weight: _____ T-shirt size: Small Medium Large XLarge XXLarge
(Information needed for balancing the boat)

I can paddle either side: Yes No I prefer to paddle: Right Left Either

Acknowledgements

Dragon Boat Atlanta maintains a members only online membership directory where your name will appear. While Dragon Boat Atlanta will make reasonable efforts to keep information secure, Dragon Boat Atlanta cannot assure or guarantee the confidentiality. By completing your preferences below, you agree to the above. I agree to have the following additional personal information listed on the members only online directory:

Mailing Address Email Address Phone number(s) Birth month and day

I have discussed my medical / clinical condition(s) with my health care provider(s) in order to know my physical limitations and I assume full responsibility throughout my participation as a Dragon Boat Atlanta team member.

Signature: _____ Date: _____

Send completed application with payment to:

Dragon Boat Atlanta, Inc.
P.O. Box 467212
Atlanta, GA 31146

Office Use DATE DUES PAID: _____ AMOUNT: _____ CASH _____ CHECK: _____ ONLINE
