



TEAM IN TRAINING®

TEAM IN TRAINING VOLUNTEER REGISTRATION FORM

Canada TNT Flex – National Office

2 Lansing Square, Suite 804, Toronto, ON M2J 4P8

Toll-Free: 877-668-8326 ext 1067 Fax: 416-661-7799

Fill out your contact information (please print clearly):

Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: DAY ____ /MO ____ /YR ____ (must be 16 years old on date of registration.)

Home Address/P.O. Box: _____

City: _____ Prov: _____ Postal Code: _____

Primary Phone: _____ cell home work Secondary Phone: _____ cell home work

Email: _____

Check here to give permission to share your email address with your teammates

Employer: _____ Position/Title: _____

Company City/State: _____

Sex: Male Female

Education (last completed): High School Undergraduate Post Graduate

T-Shirt Size: X-Small (women's only) Small Medium Large X-Large XX-Large

Event See note below	Event Location	Event Date(s)	Fundraising Minimum – Please indicate choice See note below
Grand Adventure Weekend Hike	Havasupai Falls, AZ	Thursday, May 31 – Monday, June 4, 2012	<input type="checkbox"/> \$5900 With Flight* <input type="checkbox"/> \$5400 No Flight
Hike Yosemite Weekend Hike	Yosemite National Park, CA	Saturday, June 16, 2012	<input type="checkbox"/> \$5400 With Flight* <input type="checkbox"/> \$4000 No Flight
Mayor's Marathon & Half Marathon (13.1 or 26.2 mile run or walk)	Anchorage, AK	Saturday, June 23, 2012	<input type="checkbox"/> \$4900 With Flight* (From BC/Yukon) <input type="checkbox"/> \$5400 With Flight* (From Ontario & Atlantic Prov) <input type="checkbox"/> \$4000 No Flight

Note:
**Fundraising minimums with flight are based on travel from major Provincial airports. Participants will cover the cost of required connecting flights from Territories and smaller airports.*

I am a TNT Alumni! Please apply my TNT Loyalty Discount of \$250 to my selected Fundraising Minimum!

If selecting the marathon indicate the distance:

Full Marathon Half Marathon

If selecting the marathon, I plan to:

Run or run/walk interval Walk

Registration Fee: The TNT Registration Fee is **non-deductible and non-refundable** but will count towards my fundraising minimum.

I have enclosed a **cheque** for my \$100 OR non-deductible / non-refundable registration fee

Please **charge my credit card** for the \$100 non-deductible / non-refundable registration fee

Credit Card #

Expiration Date

Name as it appears on the card

Signature

Tell us how you heard about the Team In Training program: *(Identify primary source only)*

- I am a past participant *(please list event, year, & chapter)*: _____
- Referred by a friend and/or past participant: *(Name/Sport)*: _____
- I received a brochure in the mail
- I saw a poster or brochure at _____
- Racing Packet: *(Name of race)*: _____
- Radio (station) _____
- TV (station) _____
- Magazine article or advertisement *(Name of Magazine)* _____
- Newspaper article or advertisement *(Name of Newspaper)* _____
- Billboard

From one of TNT's Sponsors:

- Runner's World
- Nike
- PowerBar
- Other _____

My Connection to the Cause:

- I do not have a personal connection to cancer.
- I have a personal honoured teammate(s): I am participating in Honor of Memory of

Name: _____ Relationship: _____

- I am a cancer survivor, and would love to share my story with the TEAM!
- I am a cancer survivor, but I would not like to be recognized at this time.



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Fill out the Medical and Fitness Information:

(This page is shared with the TNT Coaches in order to ensure our athletes are safe at trainings and events)

Name: _____

Male

Female

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth

(dd/mm/yy):

____ / ____ / ____

Age

Please write clearly

Medical Insurance Co. if applicable: _____

Insurance

ID#: _____

Provincial Medical Insurance No.: _____

Current Medications: _____

Condition Requiring Medication: _____

Allergies: (food, medications, etc.) _____

Have you experienced any of the following symptoms in the last year?

If any of the symptom boxes are checked, Team In Training will require a note from a physician giving medical permission to participate in any Team In Training program.

- Asthma
- Heart Murmur
- A Chronic Illness
- Back Problems
- Diabetes
- Heart Condition (if so, please write in what type _____)
- Fainting Spells
- Trouble Breathing
- High Blood Pressure
- Chest Pain
- Liver Condition
- Unusual Fatigue

Do you have any conditions that might affect your health and safety while training for your endurance event?

Is there anything else, not listed above, that you would like us to know about?

I currently engage in athletic activities: Daily 5-6 Days/wk 3-4 Days/wk 1-2 Days/wk Almost Never

List any previous or current athletic injuries: _____

How many of the following events have you completed?

Marathon(s) Half-Marathon(s) 10K(s) 5K(s) Hike – indicate distance and difficulty _____

Please describe other races/tours/competitions completed: _____

Fill out your Emergency Contact Information (during season and on event weekend):

In case of emergency, please notify: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____

EMAIL: _____

Sign the Volunteer Commitment Agreement:

I have read and understand the **VOLUNTEER COMMITMENT AGREEMENT** (see attachment A)

I hereby commit to being a TNT volunteer, and to meet the expectations set forth in the agreement. I acknowledge that I am participating in TNT solely to support the mission of The Leukemia & Lymphoma Society of Canada, 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 an agent of The Leukemia & Lymphoma Society of Canada, and that any funds raised or held pursuant to such activities are the property of The Leukemia & Lymphoma Society of Canada.

Signature: _____

Name (please print): _____

Date: _____

*Must be signed also by parent or legal guardian if the Participant is under age 18 on the date Volunteer Commitment Agreement 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 the Volunteer Commitment Agreement (attachment A)

Signature Of
Parent/Guardian _____

Sign the 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 of Canada, Inc. ("LLSC") Team In Training program (the "Program") and all of its activities including, but not limited to, training for and participating in the "Event" at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and 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 me by any physician that would in any way prevent me from actively participating in the Event.

In consideration of LLSC'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 LLSC 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, "LLSC"), 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 or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event, whether resulting from the LLSC's negligence or otherwise (collectively, "Liabilities").

I also give permission to LLSC to freely use 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 LLSC to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to LLSC to use and disclose my personal health information ("PHI") in the ways described in this form. I allow LLSC to use my PHI as necessary for purposes related to my treatment. I also allow LLSC 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 LLSC.

Signature: _____

Name (please print): _____

Date: _____

*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 LLSC (as defined above) from all Liabilities (as defined above).

Signature of Parent or Guardian: _____ Date: _____

VOLUNTEER COMMITMENT AGREEMENT PAGE 1 (Attachment A)

Please keep this Agreement for your records.

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

The Leukemia & Lymphoma Society of Canada asks a lot of its TNT volunteers. First, we ask you to commit to train for and participate in a marathon or half marathon. We ask you to honor a leukemia patient on whose behalf you will be competing. We also ask you to participate in program-related and organizational activities held at the site of your event. This may include, for example, participation in media events, visits to local blood cancer patients, meetings with local officials, visits to medical and research facilities conducting leukemia research, and TNT workshops. Finally, as a member of the Team, it is our expectation that you will conduct yourself in a professional manner at all times. Failure to do so could result in your being asked to leave the program.

As a TNT volunteer, you will receive no compensation from LLSC. In fact, you will be asked to raise funds for leukemia and other blood related cancers 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 fundraising 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 or half marathon paid by LLSC. In light of this, we take your commitment to raise the fundraising 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.

Event Participation: During your training, you should become familiar with the event participation rules. Team In Training is committed to having all volunteers participate in events in a fair manner. This means that at no time should you alter the event course itself or intentionally disobey any rules that the event has in place. Doing so could jeopardize our future participation in such events and disqualify you and/or your results for that event.

Fundraising Minimums - The required fundraising minimums for each event are listed on page 1 of this packet. 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.

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 the recommitment deadline listed below, we will ask you to submit a “Recommitment Form”, confirming your commitment to the team and to raise the fundraising minimum set for your event. 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 final fundraising deadline date listed below. Should you decide not to recommit, you will need to drop off of the team at this time.

Event	Recommitment Date	Final Fundraising Deadline	Fundraising Minimum
Grand Adventure Weekend hike	March 23, 2012	May 10, 2012	<input type="checkbox"/> 5,900 With Flight* <input type="checkbox"/> 5,400 No Flight
Hike Yosemite Weekend hike	April 13, 2012	May 24, 2012	<input type="checkbox"/> 5,400 With Flight* <input type="checkbox"/> 4,400 No Flight
Mayor’s Marathon & Half Marathon (13.1 or 26.2 mile run or walk)	April 13, 2012	May 31, 2012	<input type="checkbox"/> 4,900 With Flight BC/Yukon* <input type="checkbox"/> 5,400 With Flight Ontario/Atlantic Prov t* <input type="checkbox"/> 4,000 No Flight

VOLUNTEER COMMITMENT AGREEMENT PAGE 2 (Attachment A)

Please keep this Agreement for your records.

Note:

**Fundraising minimums with flight are based on travel from major Provincial airports. Participants will cover the cost of required connecting flights from Territories and smaller airports.*

Expense reimbursement policies - It is the LLSC'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 LLSC, 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 LLSC, and that any funds raised or held pursuant to such activities are the property of LLSC. I also understand that my TNT coach or staff may suggest that I not continue in TNT for reasons including, but not limited, to my ability to reasonably succeed in my selected event.