



## Adult Survivors of Childhood Cancer

Rebounders Canada is a registered Canadian charity offering support and social opportunities to adults who are living with the long-term effects of childhood cancer. This Membership Form must be filled out and signed to participate in Rebounders activities. Please complete both sides.

### REBOUNDERS CANADA MEMBERSHIP FORM

Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street Apartment/Unit#

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birth date \_\_\_\_\_ (optional)

Your Diagnosis \_\_\_\_\_ (optional) Year \_\_\_\_\_ (optional)

Daily Challenges Faced \_\_\_\_\_  
\_\_\_\_\_ (optional)

Caregiver's Contact Information: Name \_\_\_\_\_ (optional)

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I give permission to have the above information included in Rebounders Membership Directories.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for photos of myself to be included for purposes of Rebounders promotion and communications, including, but not limited to newsletters, website, brochures, videos and the Rebounders Facebook page.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to receive information from Rebounders by email.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE PAGE 2**

## REBOUNDERS MEMBERSHIP FORM PAGE 2

By completing this form I am indicating that I wish to participate in activities offered by Rebounders Canada. I understand that Rebounders Canada is a registered Canadian charity that provides support and social opportunities for adult survivors of childhood cancer. I further understand that Rebounders Canada activities may operate with limited or no supervision or with assistance that is provided by fellow survivors of childhood cancer. If I require personalized care for any reason, including those caused by physical, mental or emotional challenges, I understand that I am to make my own arrangements for this and notify Rebounders Canada group leaders in advance of events. I understand that Rebounders Canada accepts no responsibility for loss, damage or injury caused by, or during attendance of, any organized activity. As a participant in Rebounders Canada activities I promise to conduct myself in a manner that is mature, safe and respectful of fellow participants, supervisors/group leaders, supporters and host venue representatives.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_