

SURVIVOR & CAREGIVER REGISTRATION



CANSA Relay For Life Event Name

Date

To start @ 18h00 and end @ 6h00 on *Day Month Year*.

Please send the completed registration form to:

Name Surname - Event Chair

C:

F:

E:

Name Surname - Staff Partner

C:

F:

E:

Survivor Information

Name & Surname: _____

Age: _____ Gender: M F

WhatsApp: _____ (Contact No): _____

Email address: _____

Town/City/Province: _____

Will you require assistance (e.g. wheelchair, caregiver) at the event? YES NO

(If yes, please specify) _____

Would you like to receive communication from CANSA? Y N

Would you like to be added to the CANSA database as a Survivor? Y N

Would you like to be added to be contacted by your local CANSA Care Centre? Y N

Signature: * _____

Caregiver Information

Caregiver 1

Name & Surname: _____

Gender: _____

Tel: _____

WhatsApp: _____

Email: _____

Signature * _____

Caregiver 2

Name & Surname: _____

Gender: _____

Tel: _____

WhatsApp: _____

Email: _____

Signature * _____

* I herewith give permission that personal information which is required for the CANSA Relay For Life project may be stored on a paper-based and/or digital systems of CANSA and may be used for the purpose of the project, including photos of the participants and event on CANSA platforms. I consent to CANSA using my data for statistical purposes (no personal information will be used). Statistics will be used for internal research and for external stakeholders' information only.