

Youth Sign-Up Form



Welcome to the American Cancer Society's Relay for Life!
We hope you'll have a great time as you raise money and help fight cancer.

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Team Number _____

Team Name _____ Team Captain's Name _____

Chaperone(1)

Name _____

Chaperone(2)

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone () _____

Phone () _____

Email _____

Email _____

Ground Rules for Participants

Respect – Many people of all ages and medical conditions will be sharing space at Relay, so it's important to act politely and respectfully. Do not use rude words or gestures. Treat others the way you want to be treated. If someone complains about something you say or do, you'll receive a warning. If it happens again, a parent or guardian will be called and asked to pick you up.

Responsibility – Your chaperone is responsible for you, and must know where you are at all times. If you need to leave the Relay site at any time you must have approval. The use of tobacco, alcohol, and drugs is not allowed at any Relay event. There is a zero tolerance policy on this matter.

Keep Promises – Your team is counting on you! If you sign up to bring something, make sure you do. Walking on the track when you say you will is a responsibility and fun!

Label Belongings – We realize that your things are special to you. Please leave anything valuable at home. If you bring something like a stereo or cash, you'll need to keep it safe. One way to do this is to put your name on every item you bring. When you leave, check your area for items you may have forgotten.

Keep Your Donations Safe – For your safety, we recommend, instead of going door to door, you collect donations through groups that you and your parents belong to i.e. sports teams, friends from work and school, or religious groups. Do not carry large sums of money with you. Leave money in a safe place and turn your donations in to your team captain often.

I have reviewed the Relay for Life ground rules and agree to abide by them.

Youth Participant's Signature _____ Date _____

I give permission for my son/daughter to participate in the American Cancer Society's Relay for Life.

Parent Signature _____ Date _____

Home Phone Number _____ Emergency Phone Number _____