



# 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 XXL Large XXXLarge  
(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.  
3105 Clarks Bridge Road  
Gainesville GA 30506

Office Use  
DATE DUES PAID: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_  
CASH \_\_\_\_\_ CHECK: \_\_\_\_\_  
ONLINE