



HERO REGISTRATION FORM

Team Will Heroes represent the “Heart of Team Will” and the motivation behind why we ride. The courage that each Hero embodies is truly inspirational and we are honored to partner with each child. To become a Team Will Hero, please submit a photo (head & shoulders image) of the child and the following information to heroes@team-will.org. Or, mail to: Team Will (c/o TW Heroes, 4119 McKinley Blvd., Sacramento, CA 95819).

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION: [information will be kept confidential]

First Name _____ Last Name _____ Relation _____

Street Address _____

City _____ State _____ Zip Code _____

Phone () - _____ E-mail _____

T-shirt Size Youth Small Youth Medium Youth Large Youth X-Large
(please select one) Adult Small Adult Medium Adult Large Adult X-Large Other: _____

What pediatric cancer organization/s would you like to see more support go towards? _____

CHILD'S BIO: [information will be included on website]

First Name _____ Last Name _____ Gender _____

Birthdate ____ / ____ / ____

Cancer Diagnosis Date & Description: _____

Current Health Status: _____

Child's Support Website (i.e., www.caringbridge.org): _____

CHILD'S FUN FACTS: [information will be included on website]

Favorite Color: _____ Favorite Food: _____

Favorite Book: _____ Favorite Movie: _____

Favorite Sport: _____ Favorite Animal: _____

Favorite Game: _____ Favorite Song: _____

If you could have a super power what would it be? _____

What fun fact would you like to share about yourself? _____

What's your favorite activity(ies)/thing(s) to do? _____

RELEASE

I, as parent/guardian of above named child hereby apply to be a Team Will Hero. I consent to the use of my child's photograph and biographical information in connection with being listed on Team Will's website as a Hero. I waive and release any and all claims, related to the broadcast and use of the photograph and biographical information, against Team Will and their officers, and agents. I understand, accept and support Team Will's use of our child's photo and story for its cause to raise public awareness and funds for cancer research and resources for children and their families impacted by cancer.

PRINT NAME _____

Signature _____ Date: _____