Cancer Resource Centre

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____ WORK PHONE/CELL PHONE _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME & PHONE: _____

PHYSICIAN'S NAME: _____

ARE YOU HERE FOR:

_____ YOURSELF
_____ SPOUSE
_____FATHER
_____ MOTHER
_____ SISTER
_____ BROTHER
_____ FRIEND
OTHER_____

TYPE OF CANCER: _____

YEAR OF DIAGNOSIS: _____

ARE YOU CURRENTLY IN ACTIVE TREATMENT? (Please Circle) YES NO

WHAT PROGRAMS/GROUPS ARE YOU INTERESTED IN? (CHECK ALL THAT APPLY)

_____ RELAXATION & MEDITATION
_____ LIBRARY
_____ GROUPS
_____ EXERCISE (yoga and stretching)
_____ INTERNET
_____ EDUCATIONAL PROGRAMS REGARDING: _____
_____
_____ OTHER (PLEASE LIST): _____

HOW DID YOU HEAR ABOUT US? (PLEASE CHECK ALL THAT APPLY)

_____ NEWSPAPER
_____ INTERNET
_____ PHYSICIAN'S OFFICE
_____OTHER (PLEASE LIST) _____
_____ NURSE
_____ SOCIAL WORKER
_____ CHURCH

OPTIONAL:
RACE:

_____ AFRICAN AMERICAN
_____ HISPANIC
_____ ASIAN
_____ OTHER: _____
_____ CAUCASIAN

YOUR AGE: _____

Cancer Resource Centre

Participation Agreement

PARTICIPANT'S NAME: _____

(please print)

Cancer Resource Centre (CRC) provides Mind-Body-Spirit Programs and Networking Groups to patients and the families of those affected by cancer. These programs are offered free of charge, and participation is strictly voluntary. All programs are intended to complement any existing cancer treatment plan.
By signing below, you acknowledge:

I or a family member have/has been affected by cancer.

The CRC programs and classes may subject me to a variety of different stimuli including sounds, odors, pet dander, movement and touch. Some classes may not be appropriate for my condition and I attest I have or will check with my doctor prior to participation in any programs. I attest I am physically capable of participating in the programs and will stay within my physical and mental limitations as determined between me and my doctor.

Due to limited availability of classes, class participation may be restricted or rotated to accommodate all participants.

I understand the CRC is promoting a healing environment, and I agree to behave in a manner consistent with this environment. Participation in programs may be restricted or terminated for my disruptive or inappropriate behavior.

I understand that during Networking groups, confidential information may be discussed and shared by me or others. I agree to keep all information shared by other participants in strict confidence and will refrain from disclosing confidential information to third parties. I understand that any confidential information I choose to share with others may ultimately be disclosed to third parties without my agreement or consent.

I understand there may be risks or complications from participation in the programs. I hereby waive all claims and rights of action against Community Foundation of Northwest Indiana, Inc., the Community Cancer Research Foundation, Inc., and Community Hospital, their related directors, officers, employees and agents, and event sponsors and personnel for any injury or loss I might suffer in or as a result of participation in this event.

SIGNATURE: _____

DATE: _____

926 Ridge Road
Munster, IN 46321

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MyCCRF.com

Cancer Resource Centre
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