



**Part I: Paddler Information**

Name: \_\_\_\_\_  
 New Member  Returning Member Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  Survivor Anniversary Date (MM/YY) \_\_\_\_\_ Cancer Type \_\_\_\_\_  
 Friend/Family of Survivor; Survivor's name: \_\_\_\_\_  
Birth Day (MM/DD): \_\_\_\_\_ Special Volunteer Interests: \_\_\_ Social Media \_\_\_ Coaching/Steering  
\_\_\_ Equipment Set-up \_\_\_ Social/Events \_\_\_ Marketing \_\_\_ Community Engagement \_\_\_ Membership \_\_\_ Other

**Part II: Emergency & Medical Information**

Emergency Contact Name(s): \_\_\_\_\_  
Emergency Contact Number(s): \_\_\_\_\_

Medical Emergency Information: Please indicate any special medical emergency items that the Team Captain/ Coach should be aware of, such as epi-pens for allergies, inhalers, etc. \_\_\_\_\_

**Important:** As with any strenuous exercise program, please consult your physician prior to beginning dragon boating to ensure that you do not have a medical condition that would prevent you from participating.

**Part III: Fees**

- **Annual Team Registration Fee - \$100.00**  
The Annual Team Registration Fees are used by the organization to fund core team expenses such as insurance, regional dragon boat association fee, marketing materials and equipment needs. The organization provides paddles, personal flotation devices (PFDs) and the boat.
- **Additional Fees**
  - Team Race Shirt - approximately \$45. This year we are offering a new 10<sup>th</sup> Anniversary team shirt.
  - Race Events – The entry fee for race events varies by location and may include accommodations, registration fees, transportation and meals. Cost estimates are provided with each race event to allow the individual paddler to select the events that supports their needs. Healing Dragons is a non-profit organization. Donations made to the organization are used to help offset race event expenses, when available.
- **Secondary Membership** on Organized Chaos is \$75.00

**Note:** Healing Dragons welcomes all survivors and friends & family members of survivors. If finances create a barrier for your ability to participate, please contact our President: Pam Boileau- pboileau1@carolina.rr.com or call 704-905-0366 to have a confidential conversation about possible support.

**Part IV: Marketing**

How did you hear about Healing Dragons? Check all that apply.

\_\_\_ Existing Member \_\_\_ Friend or Family \_\_\_ Newspaper or Magazine \_\_\_ Website \_\_\_ Facebook \_\_\_ Meetup \_\_\_ Non-Profit Org.

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**Part V: Communications**

- What methods of communication are most effective for you? Check all that apply.

Email     Phone Text     Phone Call

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**Part VI. Paddler Commitment**

The following is a summary of the Vision, Mission, Strategy and Core Values of Healing Dragons. By signing this registration form, you are agreeing to uphold the Vision, Mission, Strategy and Core Values.

**Vision Statement**

Our vision is to inspire, encourage and support survivors of all cancers to triumph over the disease.

**Mission Statement**

Our mission is to use dragon boating to help survivors paddle for wellness, mental and physical health.

**Strategy**

We will accomplish our mission and vision by creating competitive dragon boat teams of survivors, and friends and family members of survivors, who paddle for a common goal. We will use a team of volunteers, supporters and sponsors to help improve the quality of life for our team through wellness, knowledge, education and friendship.

**Core Values**

We value courage, commitment, teamwork, community fun, authenticity, friendliness, respect, diversity and perseverance.

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**VII. Verification and Authorization**

By signing this form, I agree that Healing Dragons may photograph or videotape me and use those photographs or video footage for its marketing purposes. I agree that my contact information may be shared within the team for internal team-related use only. I also agree to the terms in the United States Dragon Boat Federation Amateur Athletic Waiver and Release of Liability (see attached and sign).

**Paddler Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Payments for membership can be made with check or PayPay. If using PayPal enter in [healingdragonsclt@outlook.com](mailto:healingdragonsclt@outlook.com) and please use the Family And Friends link or we will receive a transaction fee. Also, if using PayPay under notes, please specify this is for team membership, or payment for a team shirt. Checks should be made out to Healing Dragons, Inc. Please return completed form and checks to Team Captain Debbie Adams.*