



Our Clubhouse provides a warm and welcoming environment for everyone who has been touched by cancer. Those living with cancer at any age, as well as the family and friends who support them, are welcome to join Our Clubhouse and receive the social, emotional and informational support they need. Our wellness focused programs are an essential complement to medical care, offering support groups, workshops, education and social activities for all those diagnosed with cancer and the people who support them.

Adult Personalized Membership Plan

Date _____

(please check all that apply)

Person with cancer _____

Family/Friend _____

(for office use)

___ entered
___ checked
___ mailchimp

Your cancer experience:

Type of Primary Cancer: (of your cancer or the cancer of your loved one)

Bladder/urinary Lymphoma Brain Lung Breast Melanoma/skin Liver
 Colon, rectal Multiple Myeloma Head & Neck Ovarian/Uterine/Cervical Kidney
 Pancreas Leukemia Prostate Stomach Unknown

Other: _____

Relationship to person with cancer (if not you): _____

Date of diagnosis: _____

Are you/they currently receiving treatment? Yes No

What is/was the treatment plan? chemo radiation surgery alternative medicine

Your support system and emotional health:

1. Who is your support system?

2. Do you have a history of any of the following?

Depression Anxiety Substance Abuse Other: _____

3. Are you followed by a mental health professional?

Counselor Therapist Psychologist Psychiatrist Other: _____

How can we help you and/or your family?

As things stand today, are you interested in support that focuses on...	<i>mark which one fits best</i>			I want to know more about this <i>(circle)</i>
	Yes	Maybe	No	
...increasing the support/help in my life	[]	[]	[]	yes
...understanding diagnosis and/or treatment	[]	[]	[]	yes
...increasing my fatigue/balance/flexibility	[]	[]	[]	yes
...coping with worry/fear	[]	[]	[]	Yes
...regaining a sense of control that's been missing since diagnosis	[]	[]	[]	Yes
...helping decrease the frequency/intensity of sadness/crying spells	[]	[]	[]	Yes
...not feeling so overwhelmed	[]	[]	[]	Yes
...concerns about my children and/or grandchildren <i>(please circle which)</i>	[]	[]	[]	Yes
...nutrition/healthy diet during or after treatment	[]	[]	[]	Yes
...connecting with others/decreasing feelings of isolation	[]	[]	[]	Yes
...concerns about my/my loved one's cancer returning	[]	[]	[]	Yes

Please mark any specific groups/activities you are looking for:

Support group: (Please check group)

Breast Cancer Group

Living with Cancer Group

Post Treatment Group

Multiple Myeloma Group

Pancreatic Cancer Group

MPN

Prostate Group

Pediatric Cancer Family Group

Pediatric Cancer Bereavement Group

CLIMB® (for kids whose parent has cancer)

Living Life Post Cancer Treatment Program

Receive short-term individual support

Other: _____

Comments:

Are there any activities not listed that you would like to see happen at Our Clubhouse?

Please read and sign the attached Membership Agreement & Publicity Release

Member Agreement:

ON PRIVACY:

I have been advised that Our Clubhouse will make every attempt to respect my privacy. Our Clubhouse is a community of people, all of whom are not in Our Clubhouse's direct control. As a club member, I will endeavor to keep confidences of others with the hope that others will mutually respect my confidentiality.

PERMISSION TO CONTACT MEDICAL PROVIDERS AND EMERGENCY CONTACTS:

I understand that Our Clubhouse may need to contact my physician, psychotherapist, or emergency contact person. I give permission to Our Clubhouse to do so.

MEMBER PARTICIPATION IN WORKSHOPS:

I understand and agree that:

1. Participation in recreational and physical training activities at Our Clubhouse is entirely voluntary, and is not a required condition of my membership, notwithstanding that such activity may utilize the premises or facilities owned by, occupied by, or under the control of Our Clubhouse;
2. Our Clubhouse makes no representation as to suitability of any recreational and/or physical activity relative to my physical condition and abilities, or the suitability or adequacy of any premises, facilities, equipment, or instruction used in connection with such activities;
3. I have been advised to consult my physician, or other healthcare professional, before participating in any physical activities and to follow my physician's, or other healthcare professional's advice with respect to such activities;
4. Any recreational or physical training activity involves some risk of injury, whether apparent or not, and by participating in any such activity I assume all risks, known or unknown, whether foreseeable or not;
5. In consideration of Our Clubhouse's assent to the use of its premises and/or facilities for non-employment related recreational and physical training activities, I release Our Clubhouse of any and all liability for any injury or damages resulting from or incurred in connection with my participation in any recreational and/or physical training program except to the extent that such injury or damages are caused by gross negligence on the part of Our Clubhouse, and I agree to indemnify and hold Our Clubhouse harmless with respect to any claim rising from any intentional or negligent conduct on my part.

Signature: _____

Date: _____

PUBLICITY RELEASE:

Occasionally workshops, lectures or social activities at Our Clubhouse may be photographed or videotaped for our archives, marketing or outreach purpose. I, the undersigned, hereby grant to Our Clubhouse the right, license and privilege to use my name, likeness, photograph and voice in such a manner as Our Clubhouse deems appropriate in order to promote, advertise and publicize Our Clubhouse and its charitable activities. I further release Our Clubhouse and its associates, employees and assigns from any and all claims or liability with respect to such distribution of my name, likeness, photograph and voice. I understand it's my obligation to notify the photographer or staff member if I do not want my picture taken. This applies also to my child(ren) or other minors that may be under my care while at Our Clubhouse.

Signature: _____

Date: _____