



## Team Will Hero Application 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@teamwillcharity.org](mailto:heroes@teamwillcharity.org). Or, mail to: Team Will 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 organization would you like to see more support go towards?: \_\_\_\_\_

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sibling’s Name(s) & Age(s) \_\_\_\_\_

Cancer Diagnosis Date & Description: \_\_\_\_\_

Current Health Status: \_\_\_\_\_

Child’s Support Website (i.e., [www.caringbridge.org](http://www.caringbridge.org)): \_\_\_\_\_

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: \_\_\_\_\_