

Team Georgia TGA - Member Information Application/Update

Member classifications are solid organ transplant recipients (heart, lung, kidney, liver, pancreas, intestines or multiples of these), tissues recipients, cornea recipients, bone marrow recipients, living donors (kidney or liver), health care professional, family or friend supporters donor families.



Please fill out this form completely and return by email to sherrellgay@att.net

mail to

Sherrell Gay, 6474 Story Mill Road, Keyville GA 30816.

or

CONTACT and PERSONAL INFORMATION (complete all)

Membership Classification (see above) _____

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Cell Phone # _____ (Email will be the preferred way to contact)

Date of Birthday _____ / _____ / _____ Gender _____

Marital status _____ Spouse name _____

Children's Names (if may be involved with team) _____

Employer _____ Occupation _____

Organ, Tissue, Cornea, Bone Marrow Transplant Recipients (complete if a recipient)

Date(s) and Type(s) of your transplant(s) _____

Name and location of your transplant center _____

Have you contacted or met your donor's family? _____

Cause of Needed Transplant _____

Living Donors (complete if a living donor)

Date and Type of Donation _____

To whom did you donate _____

Name of Hospital and location where you donated _____

Donor Family – Thank you for your decision from all of us! (complete if a donor family)

What is your relationship with the donor? _____

How many lives did your family member save and/or enhance? _____

What was the date of your donation experience? _____

Have you met or contacted your loved one's recipient(s)? _____

Tell Us (only for Team GA Use)

Share a little of your story connecting you to transplant and organ donation. (continue at the end of the form as needed).

Emergency Contact (Just in case we need someone for you at a Team GA event)

Name _____

Relationship _____ Cell phone _____

Team Commitment Pledge

As a Member of Team Georgia, I hereby promise and agree that I:

- Will remember that at all times I am a representative of my team, my state, the transplant/donation community and the participants of the Donate Life Transplant Games of America. I understand that my words and actions can reflect positively (or negatively) on those that I represent.
- Will be cooperative and supportive of the team philosophy and goals;
- Will be accountable for my role and responsibilities as a team member and to hold my fellow teammates mutually accountable;

By submitting this membership form, I:

- Do hereby, for myself, my heirs, executors and/or administrators, waive and release any and all claims for damages that may accrue against Team Georgia TGA, Inc. all sponsors of fundraising events, any and all contributors, their employees, representatives, agents, and heirs from any and all injuries that may be suffered by me at, or in route to or from any and all activities related to my participation in team activities and the Donate Life Transplant Games of America, including but not limited to the Games.
- Release the rights to my team managers and Transplant Games-Team Georgia TGA, Inc., Donate Life Georgia, and our sponsors to use any information and/or photographic material, motion picture, videotape, recording and/or computer information organized for the purpose of promoting my team in conjunction with any Team Georgia activity or function or the TGA Games prior to, during, and after the Event, without any obligation to me. (We will not hold the rights to your story or any part of your journey, just will share happenings as related to Team Georgia.)

Sign below please:

First and Last Name _____

Relationship to Applicant _____

Note: Information on this form will be kept confidential and will be used for Team Georgia TGA, Inc. records and events as needed only. Note: (Name of Parent or Legal Guardian, if applicant is under 18 years of age this must be completed to be a valid membership form).

Remember to promote organ, tissue and eye donation wherever you go. Georgians do not have to wait until they visit the Division of Driver Services – Just go online to www.donatelifegeorgia.org or www.registerme.org/teamga