



## **LET'S MOVE TCI REGISTRATION FORM**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **NHIP#:** \_\_\_\_\_  
DD/MM/YYYY

**GENDER:** \_\_\_\_\_

### **Health Condition:**

- Diabetes  Hypertension  Heart Disease  Cancer  
 Chronic Respiratory Disease (Asthma, COPD, Lung Cancer, Cystic Fibrosis, Sleep Apnea, Occupational Lung Diseases)  Other \_\_\_\_\_

### **CONTACT INFORMATION**

**Island:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

#### **Important Notice:**

Registration is a fee of \$20 for the 12-week programme.

### **Waiver and Release of Liability**

I hereby certify that I have consulted with my physician and I am fully able to participate in all physical activities associated with Let's Move TCI. I know of no restrictions, physical impairments, or any other factors, which in any manner limit my participation in such activities.

I also hereby authorize the Let's Move TCI committee to act for me/my child according to their best judgment in any emergency requiring medical attention and I hereby waive and release the TCISC, the Government of the Turks and Caicos, all partnered entities and utilized facilities from any and all liability for any injuries or illnesses experienced during or as a result of participation.

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

*Please submit forms and payment in person at the Sports Commission Offices in Grand Turk, South Caicos, Providenciales, or North Caicos. Forms and payment can also be submitted electronically, visit [letsmovetci.com](http://letsmovetci.com) for instructions.*

*For more information, contact Let's Move TCI at [info.letsmovetci@gov.tc](mailto:info.letsmovetci@gov.tc)*