

# LET'S MOVE TCI 2024 REGISTRATION FORM

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

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

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

Health Condition: **YES/NO** (If yes select from options below)

- 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 free for the 12-week programme.

### Waiver and Release of Liability

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 in person at the Sports Commission Offices in Grand Turk, South Caicos, Providenciales, or North Caicos. For more information, contact Let's Move TCI at [info.letsmovetci@gov.tc](mailto:info.letsmovetci@gov.tc)***