

SPORTS COMMISSION
MINISTRY OF EDUCATION, LABOUR, EMPLOYMENT,
SPORTS AND CUSTOMER SERVICES

INDIVIDUAL PARTICPATION REGISTRATION FORM

EVENT/ACTIVITY: _____ DATE: _____

LOCATION: _____

Student: _____ School: _____
DOB: _____ NHIP#: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

IF MINOR PARENT/GUARDIAN CONTACT INFORMATION

Parent /Legal Guardian: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Waiver and release of liability

I hereby certify that the individual named above is in good health and fully able to participate in all sports/activities associated with this event and I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such activities.

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

Signature: _____ Date: _____