



Government of the Republic of Trinidad & Tobago

MINISTRY OF SPORT

6 MONTH NATIONAL AEROBICS PROGRAMME

REGISTRATION FORM

NAME: _____

FIRST NAME

SURNAME

ADDRESS: _____

D.O.B: _____

CONTACT#: _____

VENUE: _____

EMERGENCY CONTACT: NAME _____

RELATIONSHIP _____

CONTACT# _____

I, _____ do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in the 6 month National Aerobics Programme. I hereby waive all claims against The Ministry of Sport, its instructors, or partners of said program, for any and all claims for injuries or damages that I might sustain.

Signature

Date

For participants under the age of 18, parental consent is required.

I, _____, do give consent for the participant named above to undertake the 6 month National Aerobics Programme. I have read and signed the waiver of liability above.

Parent/Guardian

Date