

Cayman Islands Conference of Seventh-day Adventists

LET'S MOVE TO LIVE

Registration Form

Full Name _____

Date of Birth ____/____/____ Age ____ Gender: M or F

Church/Affiliation _____

Email/Postal Address _____

Telephone number: _____

Medical Condition (if any)

Doctor's Name & Telephone number:

Doctor's Letter Received? Y or N

Waiver: By signing below, I hereby accept to participate in the "Let's Move to Live" Programme at my free will and will exercise care in performing all activities. I understand that I MUST verify with my doctor before starting this programme. I am aware that this programme is not intended to treat diseases and will not hold the Cayman Islands Conference of Seventh-day Adventist liable for any injuries or damages which may arise as a result of any activity I choose to participate in.

Signature _____ Date _____

There is no fee for participation.

For further information please call 1-345-924-0162 or 1-345-321-6447

Email completed registration form to movetolivecayman@gmail.com