FAMILY FUN WALK REGISTRATION FORM

Co-op Bank Pump it up! Fun Walk
CARRIACOU: Sunday April 2, 2017 from the Harvey Vale Playing Field to Hillsborough Tennis Court
GRENADA: Sunday, April 23, 2017 at 4:00 p.m. from the Morne Rouge Playing Field to the National Stadium.
REGISTRATION PERIOD: MARCH 6, 2017 TO APRIL 21, 2017 OR WHILE STOCKS LAST

2017 Pump it up! beneficiary: **Fund for the re-establishment of the Carlton Home**

REGISTRATION INFORMATION:

1. Registration fee: $20 per individual walker: $15 per person in groups consisting 3 or more
2. Registrants will receive: T-shirt
3. List participants on reverse.
4. Complete all areas of the Registration Form.
5. Full payment is to be made when submitting forms at Co-op Bank branches.
6. Payments: Cheques are to be made payable to *"Grenada Co-operative Bank Fun Walk"*. There would be no refunds or transfers;
7. Call 444-2667 for further information.

PLEASE COMPLETE ALL RELEVANT AREAS OF THIS FORM

ARE YOU REGISTERING AS: ☐ AN INDIVIDUAL ☐ A GROUP

FOR GROUPS, ENTER THE NAME OF THE GROUP COORDINATOR

GROUP NAME:

GROUP TYPE: FAMILY ☐ WORK ☐ SCHOOL ☐ COMMUNITY ☐ CHURCH ☐

TOTAL NO. OF EMPLOYEES (WORK GROUP ONLY): 1-10 (MICRO) ☐ 11-49 (SMALL) ☐ 50-99 (MEDIUM) ☐ 100+ (LARGE) ☐

LAST NAME: **BIRTH (MM/DD/YY):**

FIRST NAME:

ADDRESS: **PHONE:**

ROUTE: NORMAL ☐ CHALLENGE ☐

EMAIL:

INDIVIDUAL: MALE ☐ FEMALE ☐ **SHIRT SIZE:** S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL ☐
CH (2/4) ☐ CH (6/8) ☐ CH (10/12) ☐ CH (14/16) ☐

PARTICIPATION: ON FOOT ☐ WHEELCHAIR ☐ STROLLER ☐

NUMBER OF PERSONS REGISTERED _____ **PAYMENT: $** _____

TYPE OF PAYMENT: CHEQUE ☐ CASH ☐ CARD ☐

I WOULD LIKE TO MAKE A DONATION TO the fund for the re-establishment of the Carlton Home IN THE AMOUNT OF:

$ _____

REQUIRED:
I/WE HEREBY WAIVE ALL CLAIMS AGAINST THE GRENADA CO-OPERATIVE BANK LIMITED AND ALL ITS ALLIANCE PARTNERS ASSOCIATED WITH THIS EVENT, FOR INJURY OR LOSS I/WE MIGHT SUFFER BY PARTICIPATION IN, OR AS A RESULT OF THIS EVENT. I/WE GRANT PERMISSION TO EACH OF THE FOREGOING TO USE MY/OUR NAME, IMAGE, PHOTOGRAPHS, VIDEOTAPES AND ANY OTHER MEDIA OR RECORD OF THE EVENT FOR LEGITIMATE PURPOSES, INCLUDING PROMOTIONS WITHOUT COMPENSATION TO ME/US. I/WE ACKNOWLEDGE THAT THE GRENADA CO-OPERATIVE BANK LIMITED HAS THE RIGHT TO ALTER, CHANGE, CANCEL AND OR POSTPONE THE EVENT AT THEIR SOLE DISCRETION. I/WE WARRANT THAT ALL STATEMENTS MADE IN THIS AGREEMENT ARE TRUE AND CORRECT AND I/WE UNDERSTAND THAT THE ORGANIZERS HAVE RELIED ON THEM IN ALLOWING ME TO PARTICIPATE IN THE EVENT.
I/WE HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

_____ _____
Signature of Participant/Group Representative or Parent/Legal Guardian (if Participant is under 18 yrs) | Date

Pump it up!

Use this sheet to register the other members of your group.

Group name: _____

First Name	Last Name	Phone No.	Date of Birth			Participation			Gender		Route		Shirt Size (*Indicate by ticking where necessary*)										
			Month	Day	Year	On Foot	Wheelchair	Stroller	Male	Female	Challenge	Regular	2/4 (child)	6/8 (child)	10/12 (child)	14/16(child)	Small	Medium	Large	X-Large	XX-Large	XXX-Large	Bank Use

If the group incorporates more than twenty (20) persons, please use an additional form