

## 2021 REGISTRATION FORM

**REGISTRATION PERIOD: MARCH 15 TO APRIL 30, 2021 OR WHILE STOCKS LAST** 

2021 Pamp 16 Up! Proceeds go toward the Fund for the re-establishment of the Carlton Home

## **REGISTRATION INFORMATION:**

1.	<b>Registration fee: \$15</b>	per person.	The fee will be	placed as an individual	donation from	each registra
1.	Registration fee. \$15	per person.	The fee will be	placeu as an murviuua	uonauon nom	cach regist

- 2. Registrants will receive: T-shirt and a giveaway
- 3. List participants on reverse (please complete all fields)
- 4. Registrants are invited to participate in the exercise challenges and competitions between April 1-30, 2021.
- 5. To be eligible for prizes, participants must be registered and wearing the 2021 Pump it Up! t-shirt in submitted photos/videos.
- 6. Orders can be made online or in person. Full payment must be made when submitting forms and collecting online orders at Co-op Bank branches.
- 7. Payments: Cheques are to be made payable to "Grenada Co-operative Bank Fun Walk". There will be no refunds or transfers.

8. Call 440-2111 OR 444-2667 (COOP) for further information.

	PLEASE	COMPLETE A	LL RELEVAN	NT AREAS OF TH	HS FORM
ARE YOU REGISTERING	<b>GAS:</b> 🗆 AN INDIVID	UAL [	A GROUP		
FREGISTERING	AS A GROUP, I	ENTER THE N	NAME OF 1	THE GROUP B	BELOW:
GROUP NAME:					
ROUP TYPE: 🛛 FA	MILY D WO	rk □ so	CHOOL	COMMUNITY	□ CHURCH
OTAL NO. OF EMPLOY	EES (WORK GROU	ponly): 🗆 1-10	) (MICRO)	□ 11-49 (SMALL)	) 50-99 (medium)
ROUP COORDINATO	OR INFORMATION	N			
AST NAME:					
IRST NAME:					
DDRESS:				BIRTH D	ATE (MM/DD/YY):
MAIL:				PHONE:	
ENDER: 🗆 MALE	FEMALE	SHIRT SIZE:	$\Box$ s		
		🗆 сн (2/4)	🗆 сн (6/8)	🗆 сн <b>(10/12)</b>	🗆 сн (14/16)
UMBER OF PERSONS F	REGISTERED	PAY	MENT: \$		-
YPE OF PAYMENT:	CHEQUE	□ CASH	□ CARD		
EQUIRED: WE HEREBY WAIVE ALL CLA	AIMS AGAINST THE GOEN		BANK I IMITED	AND ALL ITS ALLIANC	TE PARTNERS ASSOCIATED WI

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

 $\Box 100 + (LARGE)$ 



Gender

Male

Female

## Group Name

Pe	Birthdate				
First Name	Last Name	Phone No.	DD	MM	ΥΥ

	Shirt Size (tick where applicable)								
2/4 (child)	6/8 (child)	10/12 (child)	14/16 (child)	Small	Medium	Large	X Large	XX Large	XXX Large
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