REGISTRATION FORM

UWI
Employee
Assistance
Wellness
Programme

Payment of **$20.00** is to be submitted with registration form.
Account number: 1300-13884

Please complete registration form and submit to:
Human Resources Division

Participant Information

First Name: _____ Middle Name: _____

Last Name: _____ UWI ID: _____

Faculty/Department: _____ Gender: ☐ Male ☐ Female Date of Birth: _____

Address: _____

Mailing Address: _____

Contact Number: _____ Alternate Contact Number: _____ Email Address: _____

Programme Information

Please select the activity/activities in which you would like to participate.

Activities

- ☐ **Aerobics**
  Stretching, Breathing and Relaxation
  Weight Training
- ☐ **Group Walking**
- ☐ **Massages**
- ☐ **Reflexology**
- ☐ **Swimming**
- ☐ **Aqua Aerobics**
- ☐ **Lawn Tennis**

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Disclaimer

If an employee decides to participate in any physical activity offered by the **Employee Assistance and Wellness Programme**, he/she is required to consult a Healthcare Professional to determine their individual physical health status prior to registration. The University of the West Indies will not be responsible for any personal injury sustained by employees during physical exertion. Therefore, participation is at the employee's discretion and at his/her own risk.

I _____ accept the above conditions.
(PLEASE PRINT NAME)

Signature of Participant: _____

Date: _____