

Ladies (Circuits) Activity Programme - - Participant Registration Form

In order to participate within the **Ladies (Circuits) Activity Programme** (18+) it is **essential** that the following questionnaire is completed and returned to Chris Elliott (details below). Please note, spaces are limited and will be allocated on a first come first served basis upon receipt of a completed application form.

Contact Information:

Chris Elliott, Fermanagh and Omagh District Council, Townhall, 2 Townhall Street, Enniskillen
Co. Fermanagh, BT74 7BA **Email:** chris.elliott@fermanaghomagh.com **Tel:** 0300 303 1777

Participant Information

Participant Name: _____ **Participant Surname:** _____

Gender: _____ **Date of Birth:** ____ / ____ / ____

Address: _____
_____ **Post Code:** _____

Email: _____ **Home Tel No.** _____ **Mobile No.** _____

Do you have a disability or life long illness? Yes No

Emergency Contact: _____ **Emergency Number:** _____

Programme Selection

Please indicate below which programme you wish to attend. All programmes will run for 12 - weeks from the date / time outlined, unless advised otherwise.

Wednesday 11 September 2019	West End Community Centre, Enniskillen	6.00pm	<input type="checkbox"/>
Wednesday 11 September 2019	Hospital Road Community Centre, Omagh	6.00pm	<input type="checkbox"/>

Medical Information

Please answer **ALL** medical questions below and elaborate on any conditions you may have.

1. Have you ever suffered from blood pressure or any other CV problem?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Are you prone to headaches, fainting or dizziness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4. Do you suffer from pain or limited movement in any joint?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Do you suffer from a bone or joint problem that could be made worse by activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Do you suffer from diabetes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Do you suffer from asthma?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Do you lose balance because of dizziness or do you ever lose consciousness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Are you recovering from a recent illness or operation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. Are you currently taking any medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered 'YES' to any of the questions above please provide any further relevant medical information below;

If you answered 'YES' to any of the questions, you should consult your doctor and gain their agreement to undertake physical activity. If your health changes at any time during the programme in relation to the questions above or any other condition, you will cease exercise, inform the coach and consult your doctor. You declare that to the best of your knowledge the information given above is correct and that you know of no reason why you should not participate in the activity programme. You understand that you enter into this programme entirely at your own risk and waive any legal recourse for damages which may arise from participation.

Declaration

Signed: _____ **Date:** _____

Data Protection

In accordance with the Data Protection Act 2018, Fermanagh and Omagh District Council has a duty to protect information we hold on you. The personal information you provide on this form will only be used for the purpose of the programme. Information will be shared with the Public Health Agency (PHA) for the purpose of the programme if required, however, this will not be shared with any other organisations unless law or regulation compels such a disclosure. For further guidance on how we hold your information please visit the Privacy Section on the Council website, <https://www.fermanaghomagh.com/your-council/privacy-statement>