

Participant Registration Form

In order to participate within the **Walking 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.

Chris Elliott, Fermanagh and Omagh District Council, Townhall, 2 Townhall Street, Enniskillen, Co. Fermanagh, BT 74 7BA **Email:** chris.elliott@fermanaghomagh.com **Tel:** 0300 303 1777 / 078 7241 9087

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

Day	Location	Time	Select (✓)
Tuesday's (weekly)	Fermanagh Lakeland Forum, Enniskillen	5.00pm	
Thursday's (weekly)	Omagh Leisure Complex	11.00am	
Each session will operate weekly and last approx. one hour until advised otherwise			

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?
7. Do you suffer from asthma?
8. Do you lose balance because of dizziness or do you ever lose consciousness?
9. Are you recovering from a recent illness or operation?
10. Are you currently taking any medication?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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 have consulted your doctor and gained 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 your participation.

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>

Declaration

Signed: _____ **Date:** _____