



**EVERY BODY ACTIVE 2020 PROGRAMME**  
**PARTICIPANT REGISTRATION FORM**

**1. CONTACT DETAILS**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**2. GENDER:**

Male  Female

**3. D.O.B:** \_\_\_/\_\_\_/\_\_\_

**4. DISABILITY**

Do you have a disability or life long illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**5. MEDICAL CONDITION** – Please state any medical condition(s) that the coach may be required to know \_\_\_\_\_

Please confirm you have consulted with your GP and received any relevant post-natal checks to allow you to participate in this programme.

**Sport Northern Ireland Every Body Active 2020 (EBA 2020) Privacy Notice**

I agree to the following;

- The information provided in this form is correct and accurate.
- The information provided in this form will be shared with our programme Partners (Local Council) in the area you currently reside.
- This information will be for used for research and analysis of participation figures in council run sport and fitness activities/classes as part of the Every Body Active 2020 programme.
- Photos may be taken at events and used for promotional purposes (participants will be notified of this before session begins) – Can be removed as you are asking their permission to take photos on the next page.
- Sport NI, as the Data Controller, will retain this information in line with their Retention and Disposal Policy.
- Fermanagh and Omagh District Council will retain this information for one year following the end of the EBA2020 programme.

## 7. DECLARATION

I give permission to be photographed and / or filmed while participating in sporting activities associated with the Every Body Active 2020 Programme.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I understand that while participating in this programme, injuries may occur for which coaches are not directly responsible.

Signed:	Date:
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***Please note that this Participant Registration Form must be signed by a parent / guardian, if the participant is under 18 years of age.***

Fermanagh and Omagh District Council / Sport Northern Ireland would like to contact you for the following reasons (please tick options below\_ –

- To take part in EBA2020 surveys with the aim of improving services.
- To offer tailored activities/classes based on your analysed data.
- To offer incentive schemes for EBA2020 participation.
- To offer opportunity to participate in programme focus groups giving feedback on the programme with the aim of improving future services/programmes for your community