

## Aqua Legends - - Participant Registration Form

In order to participate within the **Aqua Legends programme** (60+) it is **essential** that the following questionnaire is completed and returned to the respective Leisure Centre. Please note, spaces are limited and will be allocated on a first come first served basis.

### 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.

Tuesday 7 January 2020	Omagh Leisure Complex	1.10pm	<input type="checkbox"/>
Thursday 9 January 2020	Fermanagh Lakeland Forum, Enniskillen	12.30pm	<input type="checkbox"/>

### Medical Information

Please state any medical condition(s) below which the coach may need to be aware off;

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### Declaration

I have consulted my doctor and gained their agreement to undertake physical activity and the 'Aqua Legends' programme if applicable. If my health changes at any time during the programme, I will cease exercise, inform the coach and consult my doctor. I declare that to the best of my knowledge the information given above is correct

and that I know of no reason why I should not participate in the activity programme. I understand that I enter into this programme entirely at my own risk and I waive any legal recourse for damages to myself which may arise from my participation.

**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 'Aqua Legends' programme. Information will be shared with the Public Health Agency (PHA) for the purpose of the programme, 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>**