

## **Inclusive Archery Programme // Participant Registration Form**

In order to participate within the **Inclusive Archery Programme** (8 – 17 years) it is **essential** that the following questionnaire is completed and returned to Chris Elliott. Please note, spaces are limited and will be allocated on a first come first served basis.

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

**Accompanying Participant:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

### **Programme Selection**

Please indicate below which programme you wish to attend at the **Omagh Leisure Complex**. Programmes will run for 10 weeks from the date / time outlined, unless informed otherwise.

Tuesday 16 January 2018 – Tuesday 20 March 2018    4pm – 4.45pm    ☐

Tuesday 16 January 2018 – Tuesday 20 March 2018    4.45pm – 5.30pm    ☐

### **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;

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If I answered 'YES' to any of the questions, I have consulted my doctor and gained their agreement to undertake physical activity. If my health changes at any time during the programme in relation to the questions above or any other condition, 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.

### Declaration

I give permission to be photographed and / or filmed while participating in sporting activities associated with the Every Body Active 2020, Healthy Towns or other Council activity programmes. Yes ☐ No ☐

Signed: \_\_\_\_\_ Date: \_\_\_\_\_