

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. 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:** _____

Programme Information

| Start Date | Location | Time |
|---|---------------------------------------|---------|
| Wednesday 11 April 2018 | Fermanagh Lakeland Forum, Enniskillen | 12.30pm |
| Thursday 12 April 2018 | Omagh Leisure Complex | 9.30am |
| 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 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: _____