Come & Try it, Inclusive Cycle
Omagh Leisure Complex - Sat 16th June - 10.30am – 12noon

In order to participate within the Come and Try It, Inclusive Cycle it is **essential** that the following questionnaire is completed and returned to Billie-Jo Irwin, Leisure Recreation and Sports Officer, Fermanagh and Omagh District Council, The Grange, Mounjoy Road, Omagh, BT79 0TJ

Participant Contact Details

Name: . . . .

Address: . . . .

. . . . **Post Code:** . . . .

Home: . . . . **Mobile:** . . . .

Email: . . . . **D.O.B**. . . . . . . **Age:** . . . .

Accompanying Adult Contact Details

A parent/guardian/carer must accompany the participant named above during the programme. Please give details below;

Name: . . . .

Address: . . . .

. . . . **Post Code:** . . . .

Email: . . . . **Mobile:** . . . .

Inclusion

Please provide any information/and or requirements deemed relevant to facilitate session planning for the coach below including medical information;

Please also note any dietary requirements;

. . . .

. . . .

Declaration

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 participant within the programme.

- I understand that I enter the programme entirely at my own risk and I waive any legal recourse for damages to myself (including belongings) which may arise from my

participation against Fermanagh and Omagh District Council or any of its employees, partners, agents or volunteers involved in the delivery of the programme.

- Photographs may be taken during the programme to promote future activities. If you wish to be omitted from photographs please tick here ☐

Data Protection: Under the Data Protection Act, Fermanagh and Omagh District Council has a legal duty to protect any information we collect about you. The information you give will be used for the purposes of programme delivery only and individuals involved. It will not be disclosed to any third party unless law or regulations compel us to do so or unless we have been specifically asked to do so. If you would prefer not to receive any future information regarding activities please tick here ☐

Participant Signature: . . . . **Date:** . . . .