

Contact Information:

Saturday 12 January 2019



5k to 10k Participant Registration Form

In order to participate within the **5k to 10k programme** (18⁺) it is <u>essential</u> that the following questionnaire is completed and returned to Billie - Jo Irwin for the Omagh programme / Chris Elliott for the Enniskillen programme. Please note, spaces are limited and will be allocated on a first come first served basis upon receipt of a completed application form.

Billie-Jo Irwin, Ferman	agh and Omagh District Co	ouncil, The Grange, Mo	ountjoy Road, Omagh BT79			
7EG Email :	EG Email: billie-jo.irwin@fermanaghomagh.com Tel: 0300 303 1777					
Chris Elliott, Fermanag	h and Omagh District Cou	ıncil, Townhall, 2 Townh	nall Street, Enniskillen			
Co. Fermanagh, BT 74	7BA Email: chris.elliott@	gfermanaghomagh.con	n Tel: 0300 303 1777			
	<u>Participant</u>	<u>Information</u>				
Participant Name:		Participant Surname:				
Gender:		Date of Birth:	//			
Address:						
		Post Cod	de:			
Email:	Home Tel No.		Mobile No.			
Do you have a disability o	or life long illness? Yes		No			
Emergency Contact:		Emergency Number:				
	<u>Programm</u>	e Selection				
Please indicate below whic	n programme you wish to atte	end. All programmes will	run for 12 weeks from the date			
ime outlined, unless specif	ied / advised otherwise.					
Tuesday 8 January 2019	9 Omagh Leisur	e Complex	6pm			

Medical Information

Fermanagh Lakeland Forum, Enniskillen

8.30am

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	NO	
2. Do you feel pain in your chest when you do physical activity?	Yes	No	
3. Are you prone to headaches, fainting or dizziness?	Yes	No	
4. Do you suffer from pain or limited movement in any joint?	Yes	No	
5. Do you suffer from a bone or joint problem that could be made worse by activity?	Yes	No	
6. Do you suffer from diabetes?	Yes	No	
7. Do you suffer from asthma?	Yes	No	
8. Do you lose balance because of dizziness or do you ever lose consciousness?	Yes	No	
9. Are you recovering from a recent illness or operation?	Yes	No	
10. Are you currently taking any medication?		No	

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

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 '5k to 10k' 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