

## Ladies Social Netball, Participant Registration Form

In order to participate within the **ladies Social Netball programme** (18+) it is **essential** that the following questionnaire is completed and returned to Billie-Jo Irwin. Please note, spaces are limited and will be allocated on a first come first served basis.

**Address:** Billie-Jo Irwin, Fermanagh and Omagh District Council, The Grange, Mountjoy Road, Omagh, BT79 7EG **Email:** billie-jo.irwin@fermanaghomagh.com **Tel:** 0300 303 1777

### 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:** \_\_\_\_\_

### 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 ☐ No ☐

10. Are you currently taking any medication?

Yes ☐ No ☐

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: \_\_\_\_\_

### **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 this Netball 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>

