



## <u>Steps Challenge Programme - Participant Registration Form</u>

In order to participate within the **Steps Challenge Programme** (18<sup>+</sup>) it is <u>essential</u> 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 upon receipt of a completed application form.

## **Contact Information:**

**Participant Information** 

Participant Name:	F	Participant Surname:		
Gender:		Date of Birth:	/	/
Address:				
		Post Cod	e:	
Email:	_ Home Tel No.		/lobile No	
Do you have a disability or life long	g illness? Yes		No	
Emergency Contact:	E	Emergency Number:		
	<u>Programme</u>	<u>Selection</u>		
Please select the programme you wis	h to attend. Each prog	gramme will operate for '	12-weeks from th	e date outlined
below unless advised otherwise. Ses	sions will not operate	on Bank Holidays.		
Location	Start Date	Time		✓ Preferred
Bawnacre Centre, Irvinestown	Monday 15 April 201	19 10am – 11	am	
Fermanagh Lakeland Forum, Ekn	Monday 15 April 201	19 5.30pm –	6.30pm	
Castle Park Leisure Centre, L'skea	Tuesday 16 April 20	19 7pm – 8pr	7pm – 8pm	
	Mar Paral Lag			
	Medical Info	<u>ormation</u>		
Please answer <u>ALL</u> medical question	ns below and elaborat	e on any conditions you	ı may have.	
1. Have you ever suffered from bloc	od pressure or any oth	er 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	
<b>5.</b> 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?		No	
10. Are you currently taking any medication?		No	
	<u> </u>		

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.

	<u>Declaration</u>	
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 'Steps Challenge 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, <a href="https://www.fermanaghomagh.com/your-council/privacy-statement">https://www.fermanaghomagh.com/your-council/privacy-statement</a>