

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 for Fermanagh / Billie – Jo Irwin for Omagh. Please note, spaces are limited and will be allocated on a first come first served basis.

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

Billie – Jo Irwin, Fermanagh and Omagh District Council, The Grange, Omagh, Co. Tyrone, BT79 7BL
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:** _____

Programme Information

Day	Location	Time
Tuesday	Fermanagh Lakeland Forum, Enniskillen	5.00pm
Thursday	Omagh Leisure Complex	11.00am
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?
4. Do you suffer from pain or limited movement in any joint?
5. Do you suffer from a bone or joint problem that could be made worse by activity?
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		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		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.

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 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>

Declaration

Signed: _____ Date: _____