

EVERY BODY ACTIVE 2020 PROGRAMME
CHI- ME PARTICIPANT REGISTRATION FORM

1. CONTACT DETAILS

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Email address: _____

Contact Number: _____

Emergency Name: _____ Emergency Contact: _____

2. GENDER:

Male Female Other

3. D.O.B: ___/___/___

4. DISABILITY

Do you have a disability or life long illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5. MEDICAL CONDITION – Please state any medical condition(s) that the coach may be required to know _____

6. DECLARATION

I give permission to be photographed and / or filmed while participating in sporting activities associated with the Every Body Active 2020 Programme.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I understand that while participating in this programme, injuries may occur for which coaches are not directly responsible.

Signed: _____	Date: _____
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Please note that this Participant Registration Form must be signed by a parent / guardian, if the participant is under 18 years of age they will not be able to participate without a signature from a parent/guardian. The information contained in this registration form may be used by Sport Northern Ireland for research purposes, and participants may be contacted by Sport Northern Ireland in relation to their participation in the Every Body Active 2020 Programme. All information will be treated as confidential in line with Data Protection Act (1998). Please tick if you wish to be notified of similar Council led programmes.