



Every Body Active 2020  
Participant Registration Form

1. Contact Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

2. Gender

Male:

Female:

3. Date of Birth

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

4. Disability

Do you have a disability or lifelong illness? Yes:  No:

5. Medical Conditions

Please state any medical condition(s) below that the coach may be required to know;

\_\_\_\_\_

6. Programme Selection

Please select preferred time slot below. Please note, places are limited and will be allocated on a first come, first served basis;

10am – 12noon

1pm – 3pm

## Sport Northern Ireland Every Body Active 2020 (EBA 2020) Privacy Notice

I agree to the following;

- > The information provided in this form is correct and accurate.
- > The information provided in this form will be shared with our programme partners (Local Council) in the area you currently reside.
- > This information will be for used for research and analysis of participation figures in council run sport and fitness activities/classes as part of the Every Body Active 2020 programme.
- > Sport NI, as the Data Controller, will retain this information in line with their Retention and Disposal Policy.
- > Fermanagh and Omagh District Council will retain this information for one year following the end of the EBA2020 programme.

### 7. Declaration

I give permission to be photographed and / or **Yes:**  **No:**   
filmed while participating in sportng activities  
associated with EBA 2020.

I understand that while participating in this programme, injuries may occur for which coaches are not directly responsible.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please note that this Participant Registration Form must be signed by a parent / guardian, if the participant is under 18 years of age.*

### 8. Permissions

Fermanagh and Omagh District Council / Sport Northern Ireland would like to contact you for the following reasons (please tick options below);

- |  |                          |
|--|--------------------------|
| To take part in EBA2020 surveys with the aim of improving services   | <input type="checkbox"/> |
| To offer tailored activities / classes based on your analysed data   | <input type="checkbox"/> |
| To offer incentive schemes for EBA 2020 participation  | <input type="checkbox"/> |
| To offer opportunity to participate in programme focus groups giving feedback on the programme with the aim of improving future services / programmes for your community | <input type="checkbox"/> |