**OISINS Fun n Fit REGISTRATION FORM - 2017**

**ALL DETAILS GIVEN WILL BE KEPT WITH THE UTMOST CONFIDENTIALITY**

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| **PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO CONTACT YOUR OWN DOCTOR BEFORE STARTING THIS PROGRAMME** | | | | | | | | |
| **TEAM NAME:** | *Official Use Only* | | | | | | | |
| **T-SHIRT SIZE:** | **S / M / L / XL / XXL** | | | | | | | |
| **Hi-Viz Vest Size:** | **S / M / L / XL / XXL** | | | | | | | |
| Name: |  | | | | | | | |
| Address: |  | | | | | | | |
| Home Tel No: |  | | | Mobile No: | |  | | |
| Email Address: |  | | | | | | | |
| Emergency Contact: |  | | | | | | | |
| Emergency Tel No: |  | | | | | | | |
| Age Bracket (*please* *circle*) | | Under 18 | 18 – 24 | | 25 – 44 | | 45-60 | 60+ |
| Ethnic Origin | | White | Other Ethnic Group  Please Specify: | | | | | |
| Do you currently exercise? | | YES / NO | | | | | | |

**PTO**

|  |  |  |
| --- | --- | --- |
| What type of exercise do you currently partake in? | |  |
| WHY HAVE **YOU** JOINED THIS PROGRAMME? | | |
| Your Short Term Goals: |  | |
| Your Long Term Goals: |  | |
| **Disability**  Do you consider yourself to have a disability\* **Yes**  **No**  If yes, please could you specify:  Hearing Impairment  Visual Impairment*(does not include wearing glasses or contact lenses)*  Physical Disability  *(eg back problems, repetitive strain injury, diabetes, arthritis, epilepsy, cancer)*  Other  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on the individual’s  ability to carry out normal day to day activities. | | |

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