**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_