

LAAD & SWISH - Registration Form



Name



Address

.....

.....



Postcode

Phone number



Email address



Date of birth



About you:

Do you have another disability such as problems with seeing or hearing, mental health needs or problems moving around.

Yes

No

If yes, please tell us what support you will need.

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We need to know if you have any medical issues, such as if you are allergic to anything or if you are taking any medication. Please give details of medical issues and medications

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Emergency contact details

We need to know the name and telephone number of someone you know who we can call if there is an emergency. This can be someone like your parent or carer.

Contact name	
Relationship to you	
Telephone number	



What sort of activities interests you e.g. walking, cycling, swimming, dance, team sports, discos, cinema, bowling, meals out, day trips? List as many as you wish.

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We would like to know how much exercise you do at the moment. Please circle 1 of the following statements which best describes how much exercise you do every week:

- *Less than 30 minutes every week*
- *1 X 30 minutes per week*
- *2x 30 minutes per week*
- *If you do more than this please let us know how much here*



"I give my permission to be contacted about how much activity I am doing. I also give permission for photographs to be taken of me and consent to these photos of me to be used for promotional and media purposes."

Signed:..... Date:.....