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

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

**Mobile Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Whatsapp on phone? Yes/No**

**Emergency contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age 16-24 25-34 35-44 45-54 55-64 65-74 75+**

**Please Circle Yes or No to answer the following questions:**

|  |  |  |
| --- | --- | --- |
| **1.** | Has your doctor ever said that you have a heart condition and recommended only medical approved physical activity? | YES/NO |
| **2.** | Do you have chest pain brought on by physical activity? | YES/NO |
| **3.** | Have you developed chest pain at rest in the past month? | YES/NO |
| **4.** | Do you lose consciousness of lose your balance as a result of dizziness? | YES/NO |
| **5.** | Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | YES/NO |
| **6.** | Are you currently on any form of medication (e.g. tablets, inhaler)? | YES/NO |
| **7.** | Are you pregnant, or have you been pregnant in the past three months? | YES/NO |
| **8.** | Are you aware, through your own experience or a doctor’s advice, of any other reason why you should seek medical approval before exercising? | YES/NO |
| **9.** | Are you aware of any medical condition which may affect your participation in sport and which the leader should be aware of? If so, please detail. | YES/NO |

**If you have answered YES to one or more of the above questions, you should consult your doctor before undertaking a programme of physical activity.**

**PLEASE TURN OVER**

**Please read the following and sign below to join the walking programme:**

* I agree to tell the walk leader if there is any change in my medical condition.
* I understand to wear appropriate clothing and footwear for walking.
* I partake at my own risk and release Organisers, Volunteers and anyone connected with the HowsSheCuttin’ Walking programme from any and all claims of injury or damage resulting from participating in this programme.

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

Please return this completed application form with the programme fees of €10 to: **Tipperary Sports Partnership, Ballingarrane House, Ballingarrane, Clonmel, Co. Tipperary.** Please make cheques or postal orders payable to **‘Tipperary County Council’**

**Phone Queries can be made to:** Clonmel Office on 0761 06 6201

**Email Queries to:** [**info@tipperarysports.ie**](mailto:info@tipperarysports.ie)

Fee Payment & Refund Policy: All course fees must be prepaid to secure a course place. Refunds can only be given where an applicant notifies TSP at least 48 hours prior to the commencement of the programme.