

PARTICIPANTS DATABASE

Name: _____	Address: _____
Tel No: _____	_____
Email: _____	_____

Are you? Male Age: 0-10 11-18 19-25
 (Please Tick ✓) Female

Are you a member of a sports club? Yes No

If yes, please give details: _____

Do you do any physical activity at present? _____

What type of disability do you have? (Please Tick ✓):

Physical Disability	<input type="checkbox"/>	Intellectual (Learning) Disability	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Mental Health Difficulty	<input type="checkbox"/>	Medical Difficulty (MS, Cystic Fibrosis etc)	<input type="checkbox"/>

Any other information on type of disability? _____

Level of Disability

Mild Moderate Severe

Are you a wheelchair user?

Yes No

Are you interested in taking part in sport/physical activity? Yes No



What would be your main reasons for not taking part in sport or physical activity more often? (Please Tick ✓):

Health Limitations	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Lack of Time	<input type="checkbox"/>	Lack of Local Facilities	<input type="checkbox"/>
Lack of Money	<input type="checkbox"/>	Lack of Programmes	<input type="checkbox"/>
Lack of education & awareness	<input type="checkbox"/>	Lack of assistance(i.e. Personal Assistant)	<input type="checkbox"/>

Any other please state: _____

Which of the following would you like to participate in, in the future?

Boccia (Bowling game)	<input type="checkbox"/>	Power Wheelchair Soccer	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	Wheelchair Soccer	<input type="checkbox"/>
Gym Programme	<input type="checkbox"/>	Aerobics	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	Athletics (Track or field events)	<input type="checkbox"/>
Inclusive Games	<input type="checkbox"/>	Archery/Darts	<input type="checkbox"/>
Walking	<input type="checkbox"/>	New Age Kurling	<input type="checkbox"/>
Dance	<input type="checkbox"/>	Yoga	<input type="checkbox"/>

Any other activities: _____

Any additional comments? _____

If this form refers to a person less than 18 years of age, Parental/Guardian Consent is required. Please ensure a Parent/Guardian signs the form.

Signed: _____ **Date:** _____

Thank you for your time in filling out this form!