MOIRA FRIENDSHIP GROUP

C/o: St John's Parish Centre, Main Street,
Moira, Co. Armagh BT 67 oLQ

T. 028 9261 2119
E. office@moirafriendshipgroup.co.uk

REGISTRATION FORM 2025 – 2026

*Please complete **BOTH SIDES** of this form in CAPITALS*

SECTION 1	**DETAILS**
Title	
Name	
Address	
Post Code	
Date of Birth	
Telephone/Mobile Number	
E-mail	

SECTION 2	**EMERGENCY CONTACT DETAILS**
Emergency Contact Name	
Emergency Contact Address	
Emergency Contact telephone number	

SECTION 3	**DOCTOR'S CONTACT DETAILS**
Doctor's Name	
Surgery Name	
Address	
Telephone No	

Gift Aid: Do you pay tax? Don't give it to the tax man. Give it to Moira Friendship Group – Gift Aid It!! Gift Aid Declaration Forms are available from Moira Friendship Group Office on 92 612119
Membership Fee: Method of payment Cash ☐ Cheque ☐ Card ☐ Bank Transfer ☐

HEALTH QUESTIONNAIRE

	YES	NO
Do you have high/low blood pressure? (please delete)		
Are you currently being treated for any heart or circulatory conditions?		
In the past month have you experienced any dizziness or loss of consciousness?		
Do you have a bone or joint condition that could be worsened by a change in your physical activity?		
Do you have asthma?		
Do you have diabetes?		
Do you have epilepsy?		
Are you on any medication that may cause problems when taking part in Physical activities?		
Do you have any physical disabilities that may limit your movement when participating in activities?		
Do you have any other medical conditions which may restrict the amount of exercise you do?		
Fully Covid vaccinated or medically exempt?		

If there is any change in your physical health, it is your responsibility to update this information by contacting Moira Friendship Group Co-Ordinator.

I understand that if I have answered YES (apart from Covid vaccinated) to one or more of the above questions I should consult my doctor before taking part in any of the physical activities.

GENERAL DATA PROTECTION REGULATIONS STATEMENT:

I give permission for my photograph to be taken and publicly shared in relation to activities associated with Moira Friendship Group (please tick for consent to be given) ☐

By signing this form, I give Moira Friendship Group consent to hold the information, provided by myself, to contact me regarding activities and services associated with Moria Friendship Group. I have been made aware of Moira Friendship Group's Privacy Notice.

SIGNATURE: _____ DATE:_____