

Sports Ability Day Registration Form



Name: Age:.....

Address:.....
.....

Contact No:

Email:.....

Type of Disability: (Please Tick)

Physical Visual Hearing

Learning Medical Difficulty

Mental Health Difficulty

Other (Please Specify)
.....

Do You Use? (Please Tick)

Wheelchair Powerchair

I give permission for myself/son/daughter to be photographed during the event

Yes No

.....

.....

Signed Participant

Signed: Parent/Guardian (if under 18)

Please Complete Form and Return To:

Thérèse Laverty,

**Donegal Sports Partnership, Office No 7, First Floor Unit,
River Front House, Pearse Road, Letterkenny.**

Phone : 074 (91)16078/16079

Fax: 074 (91)16707

Email:sidoactivedonegal@gmail.com