



## Walker's Registration Form

Please **print** your details (name and address).

<p><b>Name:</b> First name: ..... Surname: .....</p> <p>Date of registration: .....</p>
<p><b>Address:</b></p> <p>House number/name: ..... Street: .....</p> <p>Town/City: ..... County: .....</p> <p>Postcode: ..... Tel no: .....</p> <p>Email address: .....</p>
<p><b>Where did you hear about this group?</b> Friend/family member <input type="checkbox"/> Website <input type="checkbox"/></p> <p>GP/Nurse recommendation <input type="checkbox"/> Poster/flier <input type="checkbox"/> Local event <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (<i>please specify</i>) .....</p>
<p><b>Are you a trained volunteer walk leader?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Would you like information about becoming a volunteer walk leader?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## **Using and sharing your information**

Your information will be held by Ebbw Fach Treckers in accordance with the Data Protection Act 1998 and will be used to contact members regarding new walk schedules and other walking related activities and group meetings. The information will be collected by walk leaders and passed to the Membership Secretary for inputting into a central database from which reports will be drawn.

The information in this questionnaire will be kept confidential and will be anonymous when used.

**Signed:** .....

**Date:** .....

## **Photograph release form**

I give permission to Ebbw Fach Treckers to use photograph(s) taken of me, or in which I may be included with others, in publications, advertisements and the internet to promote the group's activities.

***I may withdraw my permission at any time.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print):

\_\_\_\_\_  
Signature

***Thank you for completing this form.***

***Please return it to your walk leader.***