

Agreement Form Between Parent and ArcheryGB Club

PART A: TO BE RETAINED BY THE PARENT		
The following details to be completed by the Archery GB Club		
Archery GB CLUB NAME:	STALYBRIDGE ARCHERY CLUB	
Club Officials Name/Position Held	Address	Contact Details e.g. Telephone Numbers
		Tel: E-mail: membership@stalybridgearcheryclub.co.uk
Address of Club Venue (Outdoors & Indoors)		Queries and information requests to:
<p>Shooting Times: The Junior Club meets 10.00am to approx 1.30pm Saturday mornings. Other Shooting Times by arrangement. i.e. continuing into Sat. afternoon or Rounds on Sundays</p> <p>Parents are asked to ensure that their child arrives promptly by 10.00am as part of their training is learning & helping to 'put out' and 'put away' archery Bosses safely and correctly.</p>		
The following details to be completed by the Parent/Legal Guardian / Carer:		
The normal plans for the arrival/departure of my Child/Young Person will be:		
If parents do not choose to remain with their child/young person during the Club's archery sessions, they must agree to the following conditions:		
Parents remain with their child and/or young person until the session commences. In the event of insufficient supervisory personnel, the session will be cancelled		
It is the parents responsibility to collect their child and/or young person at the time requested		
It is the parents responsibility to inform the Club of any medical conditions, which may affect his/her child and/or young person during archery sessions		
I/We consent to first aid treatment being given from a qualified practitioner/first aider to my/our child and/or young person in the event of an accident		
I/We acknowledge and understand that minor physical contact may be necessary as part of his/her coaching as explained to parent/Legal Guardian/Carer when undertaking Beginner Course.		
I/We acknowledge that if my/our child and/or young person enters any 'Away' Archery Tournament, I/We remain responsible for his/her care <u>during the tournament</u> .		
I/We understand that all archers including children and young people are eligible for drug testing if requested at any domestic tournament. (For further information contact the ArcheryGB Performance Unit Anti-Doping Officer ☎: 01952 602974)		
Signed (Parent)	Printed: (Parent)	Date
Signed: (ArcheryGB Club Official)	Printed: (ArcheryGB Club Official)	Date

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PART B: TO BE RETAINED BY STALYBRIDGE ARCHERY CLUB - CLUB OFFICIAL		
Child's/Young Person's name		
Date of Birth		
Parent/s Name		
Current Postal Address		
Contact Telephone Number		
Additional contact telephone number/details e.g. in the rare event of the session ending early or if the child/young person needs collecting due to illness	I <u>AGREE</u> to my child being included	
	Signed	
Photographs are often taken at Club Tournaments and events. If you DO or DO NOT wish your child to be included please sign alongside.	I <u>DO NOT</u> AGREE to my child being included.	
	Signed	
State any known medical conditions that may affect the child and/or young person during the session and your preferred course of action:		
Does your child and/or young person require special drugs or medical equipment?	YES/NO (If YES please provide details):	
Is your child and/or young person to the best of your knowledge allergic to any medication?	YES/NO (If YES please provide details):	
The above information will be treated with the strictest confidence in accordance with the Data Protection Act 1998.		
I have read and fully understand the details as in Part A of the Agreement between the Archery GB Club and the Parent regarding my Child and/or Young Person.		
Signed (Parent)	Printed	Date