

AGREEMENT FORM

Agreement Form Between Parent and Archery GB Club				
PART A: TO BE RETAINED BY THE PARENT				
<i>The following details to be completed by the Archery GB Club</i>				
Archery GB CLUB NAME				
<i>Club Officials Name/Position Held</i>	<i>Address</i>	<i>Contact Details e.g. Telephone Numbers</i>	<i>Signature</i>	<i>Date</i>
<i>Address of Club Venue (Outdoors)</i>		<i>Address of Club Venue (Indoors)</i>		
<i>Shooting Times:</i>				
The following details to be completed by the Parent/Legal Guardian / Carer:				
<i>The normal plans for the arrival/departure of my Child/Young Person will be:</i>				
<i>Archery GB Clubs should compile conditions, which are relevant to their operation. The following are examples:</i>				
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 (?do you give parents info on what they should expect is ok/not ok)				
I/We acknowledge that if my/our child and/or young person enters any Archery Tournament, I/We remain responsible for his/her care				
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 Archery GB Performance Unit Anti-Doping Officer – Telephone No: 01952 602974)				
<i>Signed:</i> <i>(Parent)</i>	<i>Printed:</i> <i>(Parent)</i>	<i>Date</i>		
<i>Signed:</i> <i>(Archery GB Club Official)</i>	<i>Printed:</i> <i>(Archery GB Club Official)</i>	<i>Date</i>		

Agreement Form Between Parents and Archery GB CLUB		
PART B: TO BE RETAINED BY Archery GB 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		
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):	
<i>The above information will be treated with the strictest confidence in accordance with the Data Protection Act 1998.</i>		
<i>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.</i>		
Signed (Parent)	Printed	Date