



PARTICIPANT

We are pleased to welcome you to Friskney Bowmen Archery Club.

ADDRESS AND POSTCODE

PHONE/ MOBILE

DATE OF BIRTH

 -  - 

AGE

EMAIL

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

**Medical Details / Special Needs**

This information helps us to ensure that we have appropriate archery equipment available for you. Other than informing our course coaches, this medical information will remain confidential.

Do you have any medical conditions? (e.g. epilepsy, asthma, diabetes etc.)

YES  NO

Do you have any requirements (e.g. accessibility)?

YES  NO

**Do you have COVID-19 or any symptoms of COVID-19?**

YES  NO

**Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability?

YES  NO

*If YES to any of the above, please give details*

**Criminal Record**

Do you have any offences which are currently unspent under the Rehabilitation of Offenders Act 1974 [You do not need to disclose anything that is deemed ‘spent’]

YES  NO

Archery involves regulated activity with adults and children. Are you on the Adults or Children’s Barred List?

YES  NO

*If YES to any of the above, please give details*

**For juniors (under 18): Parental consent**

I, being the parent /guardian of participant named on this form have read the information contained on this form and hereby consent to him/her taking part in archery activity sessions and understand and agree that he/she participates in archery sessions under the instruction of Archery GB qualified coaches entirely at his /her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume responsibility for his/her safety under the supervision of an Archery GB qualified coach. I confirm that he/she does not have any medical disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in archery sessions.

- By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.
- I understand that I will be kept informed of these activities – for example timings and transport details.
- I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.
- That he/she can be photographed or filmed for coaching or club promotional purposes.

I have been made aware of and I understand that the club will comply with the Archery GB Child Protection Policy and Procedures including changing room, anti-bullying, travel, photography or video recording policies and understand the Clubs Child Protection Policy.

Please keep me informed about club events and news  YES  NO

N/A over 18

I do not accept

I accept

SIGNATURE OF PARENT/GUARDIAN/PARTICIPANT

DATE

MEMBERS ONLY

PROOF OF IDENTITY CHECK

TYPE

CLUB MEMBER(S) SIGNATURE