



Exmouth Archers

Application for Membership - Juniors

For applicants under the age of 18 (Juniors)

Exmouth Archers undertakes that information provided will be kept and used only for the purposes of running the Club, including affiliating to ArcheryGB, Devon and Cornwall Archery Society, Grand Western Archery Society, and for supporting Members in their archery only. We will not pass your details onto any third party and they are securely held by senior committee members only. By joining Exmouth Archers you are agreeing to these terms.

(Please complete legibly in BLOCK CAPITALS)

Name of child Mr/Miss

Address _____

Postcode _____

Child's date of birth _____

Parent's phone number(s) _____

Parent's e-mail address* _____

(* note that newsletters and other club information will be sent to the email address given)

Details of any known medical condition that might be relevant to taking part in archery, or which may occur during club sessions, such as allergies _____

Please provide name and telephone contact number of somebody else we can contact in an emergency if we can't contact you _____

(If joining from a Beginners' Course) I have instructed my bank to pay Membership Subscription by monthly standing order starting from (date) _____

(If joining as an established archer) I will instruct my bank to pay Membership Subscription by monthly standing order when notified that my application for membership has been approved.

My child has been a member of Archery GB previously Y / N. If Y AGB number _____

Please note the following conditions which apply to members under the age of 18 (Juniors):

- A Parent or carer must remain with their child until the session commences and collect their child at the time requested. In the event of insufficient supervisory personnel, the session will be cancelled.
- For Juniors under the age of 14, a Parent or carer or another responsible adult appointed by the Parent who is present at the session for that purpose must remain with their child during archery sessions.
- It is the Parent's (or Legal Guardian's) responsibility to inform the Club of any medical conditions which might affect their child during archery sessions.
- I/we consent to first aid treatment being given to my/our child in the event of an accident.
- Minor physical contact may be necessary as part of coaching and I/we agree to this.
- I/we understand that if my/our child enters any Archery Tournament, I/we remain responsible for their care.

I, the Parent (or Legal Guardian) of the above, agree to these conditions.

I have read Club Information and apply for Membership of Exmouth Archers for my child

Signature of Parent / Guardian _____ Date _____

Name of Parent / Guardian _____