



Exmouth Archers

Junior Members

**Club
Copy**

Agreement of the Parent or Legal Guardian of Junior Members

The Member (please complete legibly in BLOCK CAPITALS)

Name:	Address:
Date of birth:	
Details of any known medical condition that might be relevant to taking part in archery, or which may occur during archery sessions, including allergies:	
The normal arrangements for arrival/departure of my child will be:	
Telephone Contact Numbers:	
For Juniors who may be left unattended (age 14 and above only) please provide name and telephone contact number of somebody else we can contact in an emergency:	

Agreement

Please note the following conditions which apply to participants under the age of 18 (Juniors).

- For Juniors under the age of 14, the Parent (or Legal Guardian) must remain with their child during archery sessions.
- For Juniors age 14 and above, the Parent (or Legal Guardian) 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.
- 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 the Parent (or Legal Guardian) agrees to this.
- I/we understand that if my/our child enters any Archery Tournament, I/we remain responsible for their care.
- I/we understand that if my/our child achieves elite standard they become eligible for drug testing.

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

Signed: (Parent / Legal Guardian)

Name: (Please print)

Date:



Exmouth Archers

Junior Members

Parent's Copy

Agreement of the Parent or Legal Guardian of Junior Members

The Member (please complete legibly in BLOCK CAPITALS)

Name:	Address:
Date of birth:	
Details of any known medical condition that might be relevant to taking part in archery, or which may occur during archery sessions, including allergies:	
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Telephone Contact Numbers:	
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Signed: (Parent / Legal Guardian)

Name: (Please print)

Date: