



CONSENT FORM (Part A: PARENT/CARER COPY)

ARCHERY GB ORGANISATION NAME: (eg Club/County/ Region/Academy/Tournament)	
Name of an Organisation Official:	Position (eg Secretary):
Tel No:	Mobile:
E-mail:	
Venue Address (Outdoors)	Venue Address (Indoors)
Shooting Times (Summer):	Shooting Times (Winter):

The following details to be completed by the Parent/Carer:			
I have agreed with the Archery GB organisation that the normal plans for the arrival/departure of my Child/Young Person will be:			
Time:	Place:		
I have authorised the following people to collect my Child/Young Person			
Name:	Name:	Name:	Name:

<p>If parents/carers do not remain with their child/young person they must agree to these conditions.</p> <p>The following are typical conditions (Organisations should add or delete conditions as they see fit):</p> <p>Parents/carers are responsible for the following:</p> <ul style="list-style-type: none"> • Remaining with their child/young person until the session commences. • Collecting their child/young person at the time stipulated. • Informing the organisation of any relevant medical conditions which may affect the child/young person. <p>Parents/carers must be aware of the following:</p> <ul style="list-style-type: none"> • In the event of insufficient supervisory personnel, the session will be cancelled. • if an emergency medical situation arises, the organisation will need authorisation to administer first aid and/or other medical treatment. <p>Parents/carers must acknowledge and understand the following:</p> <ul style="list-style-type: none"> • relevant Archery GB Codes of Conduct • as part of normal archery coaching, some minor physical contact may be necessary. • at any tournament, if requested, all members including children/young people are eligible for drug testing <p>Children/young people are responsible for the following:</p> <ul style="list-style-type: none"> • Complying with their Code of Conduct, the Organisations Rules and the Archery GB Rules of Shooting.

Print Name: Parent/Carer	Signed: Parent/Carer	Date:
Print Name: Archery GB Organisation Official	Signed: Archery GB Organisation Official	Date:



CONSENT FORM (Part B: ORGANISATION COPY)

TO BE RETAINED BY: ARCHERY GB ORGANISATION			
Name of Child/Young Person:	Date of Birth:	Male Female	<input type="checkbox"/> <input type="checkbox"/>
Address:			
Name of Parent/ Carer:	Date of Birth:	Male Female	<input type="checkbox"/> <input type="checkbox"/>
Tel No: Parent/Carer	Mob: Parent/ Carer		
Email: Parent/Care)			
Only the following people are authorised to collect this child/young person:			
Name:	Name:	Name:	Name:

EMERGENCY CONTACT INFORMATION:	
In an emergency alternative adult contact:	Relationship to child/young person:
Tel No: Alternative adult	Mob: Alternative adult
Are there any activities in which your child/young person cannot participate:	

MEDICAL INFORMATION:	
Any specific medical condition or disability: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
Details of medication required: (pain relief/inhaler etc)	
By signing below you are agreeing to the following:	
<ol style="list-style-type: none"> I have read and fully understand the details as in Part A of the Agreement between the Archery GB Organisation and the Parent/ Guardian/Carer regarding my Child/Young Person In an emergency medical situation and if the need arises, I give my consent for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. In such circumstances, I understand that, all reasonable steps will be made to contact me. 	

Print Name: Parent/Carer	Signed: Parent/Carer	Date:
Details on the form will be held securely and will only be shared with others who need this information in order to meet the specific needs of your child/young person.		



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