CONSENT FORM (Part A: PARENT/CARER COPY)

ARCHERY GB ORGANISATION NAME:
(eg Club/County/ Region/Academy/Tournament)

<table>
<thead>
<tr>
<th>Name of an Organisation Official:</th>
<th>Position (eg Secretary):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel No:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
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</tbody>
</table>

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: |

If parents/carers do not remain with their child/young person they must agree to these conditions.
The following are typical conditions (Organisations should add or delete conditions as they see fit):
Parents/carers are responsible for the following:
- 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.

Parents/carers must be aware of the following:
- 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.

Parents/carers must acknowledge and understand the following:
- 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

Children/young people are responsible for the following:
- 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)

<table>
<thead>
<tr>
<th>TO BE RETAINED BY: ARCHERY GB ORGANISATION</th>
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</thead>
<tbody>
<tr>
<td><strong>Name of Child/Young Person:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Name of Parent/Carer:</strong></td>
</tr>
<tr>
<td><strong>Tel No:</strong></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
</tr>
</tbody>
</table>

Only the following people are authorised to collect this child/young person:

| Name: | Name: | Name: | Name: |

### Emergency Contact Information:

- **In an emergency**
- **Relationship to child/young person:**
- **Tel No:**
- **Mob:**
- **Alternative adult**
- **Are there any activities in which your child/young person cannot participate:**

### Medical Information:

- **Any specific medical condition or disability:**
- **Yes** | **No**
- **Details of medication required:**
- **(pain relief/inhaler etc)**
- **If yes, please give details:**

By signing below you are agreeing to the following:

1. 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
2. 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:**
**Signed:**
**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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