



**CONSENT FORM (Part A: PARENT/CARER COPY)**

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

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

<b>TO BE RETAINED BY: ARCHERY GB ORGANISATION</b>			
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:

<b>EMERGENCY CONTACT INFORMATION:</b>	
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:	

<b>MEDICAL INFORMATION:</b>	
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:	
<p>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</p> <p>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.</p>	

<b>Print Name:</b> Parent/Carer	<b>Signed:</b> Parent/Carer	<b>Date:</b>
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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