

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

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| **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): |

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| **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: |

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

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**CONSENT FORM (Part B: ORGANISATION COPY)**

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| **TO BE RETAINED BY: ARCHERY GB ORGANISATION** |
| Name of Child/Young Person: | Date of Birth: | Male Female | 🞏🞏 |
| Address: |
| Name of Parent/ Carer: | Date of Birth: | Male Female | 🞏🞏 |
| 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: |

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| **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: |

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| **MEDICAL INFORMATION*:*** |
| Any specific medical condition or disability:Yes 🞏 No 🞏 | If yes, please give details:  |
| Details of medication required:(pain relief/inhaler etc) |  |
| 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 Person2. 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. |

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| **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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| Description: C:\Users\bobmcg (other work)\Desktop\M&D 11-12\Brand\Conversions\Policies\GNAS logo colour - use after 2011.jpg | Archery GB is the trading name of the Grand National Archery Society, a company limited by guarantee no. 1342150 Registered in England. |