



## AGREEMENT FORM BETWEEN PARENT AND ELY ARCHERS

### PART A: TO BE RETAINED BY THE PARENT

<b>ELY ARCHERS</b>			<b>GNAS No. EE1666</b>	
<i>Club Officials Name/Position Held</i>	<i>Address</i>	<i>Contact Details e.g. Telephone Numbers</i>	<i>Signature</i>	<i>Date</i>
Secretary Phil Lenney	62 Fitzgerald Close Ely Cambs CB7 4QD	T: 01353 668016 M: 07739 848871		
Child Protection Mike Wilson	The Toll House Main Street Prickwillow, Ely Cambs CB7 4UN	T: 01353 688335 M: 07535 318749		
<i>Address of Club Venue (Outdoors)</i>		<i>Address of Club Venue (Indoors)</i>		
Amherst Field, Stuntney Causeway, Ely		To be confirmed		
<i>Shooting Times (Summer):</i>		<i>Shooting Times (Winter):</i>		
Wed: 18.00-20.00                      Fri: 18.00-20.00		Fri: TBC                      Sun: TBC		
Sun: 14.00-17.00				

**The following details to be completed by the Parent / Legal Guardian / Carer:**

*The normal plans for the arrival/departure of my Child/Young Person will be:*

Ely Archers expect a child member to be accompanied by a parent/legal guardian whilst attending club archery sessions.

**If parents do not choose to remain with their child/young person during the Club's archery sessions, they must agree to the following conditions:**

Parents remain with their child and/or young person until the session commences. In the event of insufficient supervisory personnel, the session will be cancelled

It is the parents responsibility to collect their child and/or young person at the time requested.

It is the parents responsibility to inform the Club of any medical conditions, which may affect his/her child and/or young person during archery sessions

I/We consent to first aid treatment being given from a qualified practitioner/first aider to my/our child and/or young person in the event of an accident

I/We acknowledge and understand that minor physical contact may be necessary as part of his/her coaching - detailed information will be provided by the club before coaching sessions.

I/We acknowledge that if my/our child and/or young person enters any Archery Tournament, I/We remain responsible for his/her care

I/We understand that all archers including children and young people are eligible for drug testing if requested at any domestic tournament.

**(For further information contact the Archery GB Performance Unit Anti-Doping Officer – Telephone No: 01952 602974)**

<i>Signed:</i> (Parent)	<i>Printed:</i> (Parent)	<i>Date</i>
<i>Signed:</i> (Ely Archers Club Official)	<i>Printed:</i> (Ely Archers Club Official)	<i>Date</i>



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**PART B: TO BE RETAINED BY ELY ARCHERS - CLUB OFFICIAL**

Child's/Young Person's name		
Date of Birth		
Parent/s Name		
Current Postal Address		
Contact Telephone Number		
Additional contact telephone number/details e.g. in the rare event of the session ending early or if the child/young person needs collecting due to illness.		
State any known medical conditions that may affect the child and/or young person during the session and your preferred course of action:		
Does your child and/or young person require special drugs or medical equipment?		<b>YES/NO (If YES please provide details):</b>
Is your child and/or young person to the best of your knowledge allergic to any medication?		<b>YES/NO (If YES please provide details):</b>
<p><i>The above information will be treated with the strictest confidence in accordance with the Data Protection Act 1998.</i></p> <p>✦ I accept that Ely Archers will be keeping information about my son's/daughter's membership of the Club for Club purposes.</p> <p>✦ I give explicit consent to the holding of information of my son's/daughter's health; disabilities again for Club purposes.</p> <p>✦ I have read and fully understand the details as in Part A of the Agreement between the Ely Archers and the Parent regarding my Child and/or Young Person.</p>		
Signed (Parent)	Printed	Date