

# Portsmouth Archery Club

Promoting Archery in the Community

## **ADULTS Beginners Course Application Form – To be completed by participant.**

To be retained by.... Portsmouth Archery club

Full Name:	
Telephone Number:	Mobile Number:
Full Postal Address:	
Emergency Contact Telephone Numbers/Details:  Contact name and Full Postal Address:  Contact Telephone No:  Contact Mobile No:	
Please state any known medical conditions that may be effect you during the session and your preferred course of action:	Doctors Name: Address:  Telephone No:
Do you require special drugs or medical equipment? Yes/NO – If YES, please give details:	
Are you, to the best of your knowledge, allergic to any medication? YES/NO – If YES, please give details:	
Are you allergic to any food/drinks/sweets? YES/NO – If YES, please give details:	

The above information will be treated in the strictest confidence

SIGNED: ----- DATE: -----

PRINT NAME: -----