

Portsmouth Archery Club

Promoting Archery in the Community

JUNIORS Beginners Course Application Form – To be completed by Parent/Legal Guardian. Agreement between Parent/Legal Guardian and Portsmouth Archery Club

Childs Name:	Date of Birth:
Parent/Legal Guardian's Name	Telephone Number: Mobile No:
Full Postal Address:	The Normal plans for the arrival/departure of my child will be:
Additional Contact Telephone Numbers/Details: Contact Telephone No: Contact Mobile No: Contact Full Postal Address:	
(In the rare event that a session ends prematurely OR if the Child/Children needs collecting due to illness)	
Please state any known medical conditions that may be effect the Child/Children during the session and your preferred course of action:	Doctors Name: Address: Telephone No:
Does your Child/Children require special drugs or medical equipment? Yes/NO – If YES, please give details:	
Is your Child/Children, to the best of your knowledge, allergic to any medication? YES/NO – If YES, please give details:	
Is your Child/Children allergic to any food/drinks/sweets? YES/NO – If YES, please give details:	

The above information will be treated in the strictest confidence

I have read and understood the details of PART A of the agreement between Portsmouth Archery Club and myself, regarding my Child/Children's participation in an Archery beginner's course.

SIGNED:

PRINT NAME:

DATE: