



CONSENT FORM (Part A: PARENT/CARER COPY)

ARCHERY GB ORGANISATION NAME: Exmoor Archers (eg Club/County/ Region/Academy/Tournament)				
Name of an	Position			
Organisation Official: Gloria Beeching	Secretary			
Tel No:	Mobile: 07707008604			
E-mail: secretary@exmoorarchers.co.uk				
Venue Address (Outdoors)	Venue Address (Indoors)			
South Molton Community College	South Molton Community College			
Shooting Times (Summer):	Shooting Times (Winter):			
Saturday 11.00 – 13.00 Weds 6.30pm – 8.30pm	Saturday 11.00-12.30 Weds 6.30pm – 8pm			

The following details to be completed by the Parent/Carer:							
I have agreed with Exmoor Archers that the normal plans for the arrival/departure of my Child/Young Person will							
be:							
Time:		Place:					
11.00 am		South Molton Community College					
I have authorised the following people to collect my Child/Young Person							
Name:	Name:	Name:	Name:				
			I				

If parents/guardians/carers do not remain with their child/young person they must agree to these conditions.

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.

Print Name: Parent/Carer	Signed: Parent/Carer	Date:
Print Name: Exmoor Archers Club Official	Signed: Exmoor Archers Club Official	Date:



Appendix J to the Archery GB Safeguarding Children and Young People Policy SCF 01 – Consent Form

CONSENT FORM (Part B: ORGANISATION COPY)

TO BE RETAINED BY: Exmo	or Archers						
Name of Child/Young Person:		Da	ate of Birth:		Male Female		
Address:							
Name of Parent/ Carer:		Da	Pate of Birth:		Male Female		
Tel No:			Mob:				
Parent/Carer Email: Parent/Care)		Pa	arent/ Carer				
•	authoricad to	!loot thic child					
Only the following people ar				Aleman.			
Name:	Name:	IN	Name: Name:				
EMERGENCY CONTACT INF	ORMATION:						
In an emergency alternative adult contact:			Relationship to child/young person:				
Tel No:			Mob:				
Alternative adult Are there any activities in when the second se	hich your		Alternative adult				
child/young person cannot p	•						
- Cilia, Journa Person samuel P	our crespute.			_			
MEDICAL INFORMATION:							
Any specific medical condition or disability: If yes, please Yes □ No □		If yes, please g	se 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 Person 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.							
Print Name: Parent/Carer	F	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							



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meet the specific needs of your child/young person.