**PENNINGTON ARCHERS -** FIELD ARCHERY BEGINNERS COURSE - ENROLMENT FORM.

APPLICANTS DETAILS: (Please print clearly) \* *if completing electronically signatures will be required on the first day of the beginners course*

Title: …………………. Name: ……………………………………………………………………….

Address:……………………………………………………………………………………………………………………………………………………………………………………………………… Post code: ………………………………………..

Telephone: (incl. STD code) ………………………………………………… Mobile: ……………………………………………….

Email: ………………………………………………………………………………………………………………………….

Left or Right handed: ………………………………………. Height: (ft. ins.)……………………………………………

Age: (optional except U18’s): ………………………………… Date of Birth: (U18’s)…………………………………………

Please list any disabilities (learning, physical); medical conditions, injuries or illnesses which may affect your ability to participate in the archery training course.

This information will be treated in confidence and only used by your coach to determine the most appropriate equipment and teaching styles to suit your personal needs. For this reason, it may be necessary to share this with the experienced archery helpers and with emergency service personal in the event of an emergency.

LOCAL CONTACT IN EMERGENCY: (Please print clearly)

Title: ………… Name: ……………………………………………………… Relationship to applicant: ………………………….

Address:……………………………………………………………………………………………………………………………………………… Post code: …………………………………Email:…………………………………………………………………………………………

Telephone: (incl. STD code) ………………………………………………… Mobile: ……………………………………………….

Please confirm if this person is your NEXT OF KIN: ……………………….

OTHER CONTACT IN EMERGENCY: (Please print clearly)

Title: …………Name: ……………………………………………………… Relationship to applicant: ………………………….

Address:……………………………………………………………………………………………………………………………………………… Post code: ……………………………………… Email:…………………………………………………………………………………………

Telephone: (incl. STD code) ………………………………………………… Mobile: ……………………………………………….

Please confirm if this person is your NEXT OF KIN: ……………………….

Please turn overleaf to complete page 2

PARENTAL CONSENT AND DECLARATION FOR JUNIORS (Under 18 years):

I, the undersigned hereby consent to the above named applicant taking part in the Beginners Field Archery Course. I confirm that I am the applicants’ legal parent.

I have read the introductory information with my child, and have read and understood the terms and conditions, and will adhere to the NFAS rules and safety procedures as required by the coach. I confirm the coach and helpers can use photographs and video for the purpose of coaching of my child, and that any I take will be solely of my child and not posted on any media platform.

Title and Name: (Please print clearly) ………………………………………………………………………………………..

Signed: ……………………………………………………………………………………. Date: ……………………………………

DECLARATION BY APPLICANT:

I, hereby apply to join a beginners’ course in field archery, and confirm that I have read the introductory information, read and understood the terms and conditions and will adhere to the NFAS rules and safety procedures as they are taught during the course.

I give permission for the coach and their helpers to use photographs and video for the purpose of coaching, and should they use my equipment for me to have a record I undertake not to post these on any media platform.

I confirm I have no criminal convictions, cautions, reprimands or warnings of a nature which may prevent me from enrolling for the Field Archery Beginners’ Course. The coach and / or club reserve the right to ask me to leave the course if I exhibit behaviour of concern or which is inappropriate.

Signed: ……………………………………………………………………………………. Date: ……………………………………

GDPR: In accordance with General Data Protection Regulations

* The emergency contact data will be used only for emergency purposes, e.g. in the event of illness or an accident-causing injury;
* You should notify the individual(s) you have named that you have provided us with their information and that we may need to hold this for a minimum of 3 years and maximum of 6 years from the start of the course;
* The emergency contact data and relevant disability/medical condition/illness/injury information will be disclosed to 3rd parties in an emergency situation, e.g. ambulance, NHS, Police, NFAS Safety Officer. This is in your immediate health or safety interests and in the event of incident or accident to prevent this occurring again;
* It is your responsibility to notify us as soon as possible should your or your named individuals’ contact or other details change.