

**AGREEMENT BETWEEN PARENT AND BLUE ARROWS ARCHERY
CLUB Part A: To Be Retained By The Parent / Legal Guardian**

Club Officials	Email
Chairman	archery@bluearrows.org.uk
Secretary	secretary@bluearrows.org.uk

Address of Club Venue
Outdoor : Ipswich School Playing Fields, The Grove, Henley Road, Ipswich, IP1 4NR Indoor : Northgate Sports Centre, Sidegate Lane West, Ipswich, IP4 3DJ

Official Shooting Times

See website for current shooting times. It should be noted official times may change at short or no notice due to weather or insufficient members. It is the parents responsibility to ensure supervision or contingency cover in the event of any schedule changes

Parents must agree to the following conditions:

- Children under the age of 13 must be supervised by parents, or an adult appointed by the parents, at all times.
- We reserve the right to request that parents supervise children over 13 during sessions or remove their permission to shoot.
- For over 13s, parents should remain with their child until the session commences. In the event of insufficient supervisory personnel, the session will be cancelled. □ It is the parent's responsibility to collect their child at the time requested.
- It is the parent's responsibility to inform the club of any medical conditions, which may affect their child during archery sessions.
- I/we consent to first aid treatment being given to my/our child in the event of an accident
- I/we acknowledge and understand that if my/our child travels with the club by mini-bus or car and an accident occurs, we will not hold the driver responsible.
- I/we acknowledge and understand that minor physical contact may be necessary as part of coaching.
- I/we acknowledge that if my/our child enters any Archery Tournament, I/we remain responsible for their care.
- I/we understand that all archers including children applying for Master Bowman (MB) status or greater or a FITA 1200 or greater become eligible for drug testing at any UK domestic tournament

Signed: _____ (Parent / Legal Guardian)

Print Name: _____

**AGREEMENT BETWEEN PARENT AND BLUE ARROWS ARCHERY
 CLUB Part B: To Be Retained By The Archery Club**

Child's Name	Date of Birth
Parent / Legal Guardian Name	Contact Telephone Number
Full Postal Address	
Additional contact telephone number/details e.g. in the rare event of a session ending prematurely or if your child needs collecting early due to illness	
Please state any known medical conditions that may affect your child during the session and your preferred course of action	
Does your child require special drugs or medical equipment? YES/NO If YES, please give details:	
Is your child to the best of your knowledge allergic to any medication? YES/NO If YES, please give details:	
The normal plans for the arrival / departure of my child will be:	

The above information will be treated with the strictest confidence

I have read and understand the details of Part A of the agreement between the Blue Arrows Archery club and myself regarding my child, and have retained Part A for my records

Signed: _____ (Parent / Legal Guardian)