



CONSENT FORM (Part A: PARENT/CARER COPY)

ARCHERY GB ORGANISATION NAME: Crystal Palace Bowmen	
Name of Club Committee Official:	Position held (eg. Secretary / Welfare Officer):
Contact Number(s):	
E-mail:	
Venue Address (Outdoors): Old Dunstonians Rugby Club, St. Dunstan's Lane, Beckenham, Kent. BR3 3SS	Venue Address (Indoors): Club Langley, 2 Hawksbrook Lane, Beckenham. BR3 3SR

The following details to be completed by the Parent/Carer:			
I have authorised the following people to accompany my Child/Young Person in my absence:			
Name:	Contact Number:	Name:	Contact Number:

<p>The Club would prefer the parent to remain with their child, but by prior agreement the parent would need to complete the club's <i>In Loco Parentis</i> form, and they agree to the following conditions:</p> <p>Parents/carers are responsible for the following:</p> <ul style="list-style-type: none">Informing the club of any relevant medical conditions which may affect the child/young person. <p>Parents/carers must be aware of the following:</p> <ul style="list-style-type: none">If an emergency medical situation arises, the club will need authorisation to administer first aid and/or other medical treatment. <p>Parents/carers must acknowledge and understand the following:</p> <ul style="list-style-type: none">The club's Code of Good Practice, Safeguarding Policy (CPB Policies) and the relevant Archery GB Codes of Conduct (Archery GB Codes of Conduct).As part of normal archery coaching, some minor physical contact may be necessary. Any contact will be explained clearly and permission requested from the child/young person. <p>Children/young people are responsible for the following:</p> <ul style="list-style-type: none">Complying with the club's rules, Archery GB's Code of Conduct for Young Archers (Archery GB Codes of Conduct) and Archery GB's Rules of Shooting.

Print Name (Parent/Carer):	Signed: Parent/Carer	Date:
Print Name Club Committee Official:	Signed: Club Committee Official	Date:



CONSENT FORM (Part B: ORGANISATION COPY)

TO BE RETAINED BY: <i>Crystal Palace Bowmen</i>			
Name of Child/Young Person:		Date of Birth:	
Address:			
Name of Parent/Carer 1:		Name of Parent/ Carer 2:	
Contact Number Parent/Carer 1:		Contact Number Parent/Carer 2:	
Email:			
Only the following people are authorised to collect this child/young person:			
Name:	Contact Number:	Name:	Contact Number:

EMERGENCY CONTACT INFORMATION:			
In an emergency alternative adult contact:		Relationship to child/young person:	
Tel No: Alternative adult		Mob: Alternative adult	
Does your child/young person have any movement restrictions or limitations:			

MEDICAL INFORMATION:	
Any specific medical condition or disability: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
Details of medication required: (pain relief/inhaler etc)	
By signing below you are agreeing to the following:	
<ol style="list-style-type: none"> I have read and fully understand the details as in Part A of the Agreement between Crystal Palace Bowmen and the Parent/ Guardian/Carer regarding my Child/Young Person. 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	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 meet the specific needs of your child/young person.		



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