



# Stratford Archers



AGREEMENT IN RESPECT OF THE PARTICIPATION OF  
A JUNIOR IN ARCHERY AND RELATED CLUB ACTIVITIES  
TO BE COMPLETED IN DUPLICATE

Club venues

The Home Guard Club, High School Main Street, Road, Tiddington, Stratford on Avon, CV37 7AY	King Edward VI School, Church Street, Stratford on Avon, CV37 6HB	Field Course, Luddington Road below junction with B439	Shipston Darlingscote Shipston on Stour
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Stratford Archers' Child Protection Officer: Sarah Shirley-Priest  
 phone: 07711 860980 Email: [sarah.shirleypriest@stratfordarchers.org.uk](mailto:sarah.shirleypriest@stratfordarchers.org.uk)

All information given in this form will be treated in the strictest confidence in accordance with the provisions of the Data Protection Act 1998 and the Archery GB Policy for the Protection of Children, Young People and Vulnerable Adults (2009).

Name of Junior:.....

I, ..... being the parent or guardian of the above,  
 accept that until my child reaches the age 16 the Club's CP policy requires me or my designated representative to transport him/her to and from archery events and to be present at the Club grounds while my child is there. For a child age 16 and over I will give additional written permission for him/her to be unaccompanied.  
 I have read the Stratford Archers' CP policy in summary form and understand that the full version is available on their website. ([www.stratfordarchers.org.uk](http://www.stratfordarchers.org.uk))  
 I wish my child to receive coaching and understand that minor physical contact is an acceptable part of sports coaching.

The persons normally authorised to 'chaperone' the above Junior are: (give only as many as you wish)

1. ....
2. ....

I consent to first aid being given in the event of an accident.  
 Emergency Phone Contact Numbers:

1. Name:..... Number:.....
2. Name:..... Number:.....

**CONFIDENTIAL MEDICAL INFORMATION**

Has your child been vaccinated against tetanus? Give date of last booster.	
Does your child have any ongoing medical problem requiring special drugs or attention (eg. asthma, etc) or a shoulder injury?	
Does your child suffer from any allergies including allergy to medication? Please give details.	
Printed name, address and telephone number of parent	
Signature of parent and Club official: _____ date: _____	Checked by Club CPO: _____ date: _____

Please complete in duplicate and return 1 copy of the form to the **lead coach** on the course