

Braintree Bowmen Beginner's Course Registration Form



Welcome to the three week beginner's course. We hope that you enjoy the course and will wish to become a member of Braintree Bowmen upon completion.

In order to ensure the safety of both yourself and other archers, we would ask that you read and sign this form. Outlined below are a précis of the safety procedures, and a summary of the Child Protection Policy adopted by Braintree Bowmen.

Safety rules:

- Ensure all loose clothing / hair is safely tied back to prevent it being caught
- Never 'load' an arrow, unless instructed to do so
- Shooting commences following a single whistle
- Arrow collection commences following a 'double' whistle
- A shout of FAST means stop – DO NOT SHOOT A LOADED ARROW
- Always follow the instructions of your instructor – failure/inability to do so may result in you being asked to leave the course
- [INDOOR courses] Always enter the hall via the balcony unless advised otherwise by a member of Braintree Bowmen.

Child Protection summary:

Braintree Bowmen welcomes juniors to the club and takes every effort to ensure their safety whilst attending. Some physical contact may take place to either assist in the instruction or ensure safety. The club has produced a Child Protection Policy document outlining the procedures in place to reduce the risks of inappropriate activities occurring. [A copy of this policy is available from the club Chairman or Child Protection Officer.] Course attendees are advised that any form of abuse (physical, verbal or mental) of children or vulnerable adults is not acceptable.

Parents must be in attendance and within visual contact of their child at all times

Any individual that continually ignores the safety instructions given to them, or whose actions are in conflict with the Child Protection Policy may be asked to leave.

Please sign below to indicate that you have read and understood the points above and have completed the sections overleaf (Parent / Guardian should sign on behalf of juniors):

Name: _____

Signed: _____

Date: _____

**** please complete both sides ****

Please read / complete:

Archers details:

Name:

Date of birth:
(Juniors only)

Address:

Telephone:

Mobile:

Email:

Emergency contact (name & number):

Please state any known medical conditions that may affect you/your child during the session and your preferred course of action:

Do you/your child require special drugs or medical equipment? Yes: No:
(If YES, please give details)

Are you/your child to the best of your knowledge allergic to Yes: No:
any medication? (If YES, please give details)

Parents of junior members / beginner's

- It is the Parents/Legal Guardians responsibility to inform the club of any medical conditions, which may affect their child during archery sessions.
- 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.