

## Braintree Bowmen New Members Registration Form



Welcome to the Braintree Bowmen Archery Club. Please remember that this is YOUR club, feel free to speak to any member of the committee if you have any questions / concerns. We are here to help!

In order for safe running of events, can we please draw the following points to your attention:

### Safety:

- Ensure all loose clothing / hair is safely tied back to prevent it being caught
- 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
- [INDOOR shooting] 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.] Members 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given to them, or whose actions are in conflict with the Child Protection Policy may result in having their membership withdrawn.

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 \*\***

<b>Please read / complete:</b>  <b><u>Archers details:</u></b>	<b>Club use only</b> GNAS Number:
<b>Name:</b>  <b>Address:</b>  <b>Telephone:</b>  <b>Mobile:</b>  <b>Email:</b>	<b>Date of birth:</b> (Juniors only)
<b>Emergency contact (name &amp; number):</b>	
<b>Please state any known medical conditions that may affect you/your child during the session and your preferred course of action:</b>	
<b>Do you/your child require special drugs or medical equipment? (If YES, please give details)</b>	
	<b>Yes:      No:</b>
<b>Are you/your child to the best of your knowledge allergic to any medication? (If YES, please give details)</b>	
	<b>Yes:      No:</b>
<b>Parents of junior members / beginner's</b> <ul style="list-style-type: none"> <li>• It is the Parents/Legal Guardians responsibility to inform the club of any medical conditions, which may affect their child during archery sessions.</li> <li>• I/We acknowledge and understand that minor physical contact may be necessary as part of coaching.</li> <li>• I/We acknowledge that if my/our child enters any Archery Tournament, I/We remain responsible for their care.</li> </ul>	