



Anchor Bowmen Archery Club

Affiliated to Archery GB, East Midlands Archery Society, and Derbyshire County Archery Association

Proposal for Junior Membership

Child's Name Child's Date of Birth.....

Parent/Guardian Name

Your Address

.....

Child's Address (if different)

.....

Telephone No.

Email address

What will be your normal plans for your child's arrival and departure?

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Details of any known medical conditions and preferred course of action.

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Any other relevant information.

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I **do /do not** give permission for my child to receive first aid treatment from a qualified First Aider

I **do /do not** give permission for my child to receive emergency medical treatment including anaesthetic as considered necessary by the medical authorities present.

I **do/ do not** give permission for my child's contact details to be given to affiliated clubs.

I wish for my child to become a member of Anchor Bowmen Archery Club once the Club Committee approves their application.

I have read the Club Constitution and General Club Rules and agree to help my child understand and abide by them.

I have read and understood the Anchor Bowmen Archery Club Parental Agreement.

Parent/Guardian Signature..... Date

Proposed by Seconded by