

SWAY BOWMEN

Agreement between Parent or Legal Guardian and Sway Bowmen

Club	Address of Club Grounds
Sway Bowmen	North Common Lane, Sway

Shooting Times	
Outdoors	Indoors
Saturday Mornings: Between 09:30 and 12:00 Wednesday Evenings: Between 18:30 and 21:00 or half an hour before dusk.	New Milton Leisure Centre Wednesday Evenings: Between 20:00 and 22:00 Saturday Evenings: Times as advised.
Please refer to the shooting calendar for full details	

Club Officials		
Name	Address	Telephone
<i>Chairman:</i> Simon Curtis	9 Wills Way Halterworth Romsey, Hants	01794 515557
<i>Coach:</i> Trevor Smith	19 Ashdown Road Fawley, Southampton	023 8089 4835

If parents/Legal Guardians do not choose to remain with their child during the Club's archery sessions, they must agree to the following conditions:

- Parents/Legal Guardians remain with their child until the session commences. In the event of insufficient supervisory personnel, the session will be cancelled.
- It is the Parents/Legal Guardian's responsibility to collect their child at the time requested.
- It is the Parents/Legal Guardian's responsibility to inform the Club of any medical conditions, which might affect their child during archery sessions.
- I/We acknowledge and understand that minor physical contact may be necessary as part of coaching.
- I/W acknowledge that if my child enters any Archery Tournaments, that I/We remain responsible for their care.
- I/We consent to first aid treatment being given to my/our child in the event of an accident.
- I/We acknowledge and understand that if my/our child travels with the club by mini-bus or car and an accident occurs, we would not hold the driver responsible.
- I/We acknowledge that if my/our child enters any Archery Tournament, I/We remain responsible for their care

The normal plans for arrival/departure of my child will be

Please initial here if your child is 15 years or older and has your permission to arrive and depart from sessions independently.

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Name of child: Date of birth:

I have read and understand the details of this agreement between Sway Bowmen and myself regarding my child.

Signed:
(Parent/Legal Guardian)

Parent/Legal Guardian	Address
Telephone Contact Number	

Please provide an additional telephone number e.g. in the rare event of the session ending prematurely or if the child needs picking up early due to illness.

Name:

Telephone Contact Number:

<u>Please state any known medical conditions</u> that may affect your child during the session and your preferred course of action:	
Does your child require special drugs or medical equipment?	YES/NO
Is your child to the best of your knowledge allergic to any medication?	YES/NO

The above information will be treated with the strictest confidence

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