**Bath Archers**

**Beginners Course – Child or Young Person (CYP)**

*Please complete a separate form for each person attending.*

Beginner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Tel/Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Height: \_\_\_\_\_\_\_\_\_ Left or Right Handed: \_\_\_\_\_\_\_

Any previous experience – when / where:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else we should know e.g. mobility issues etc. (This will not affect your application as archery is an accessible sport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The course Fee is £75.00 per person, this can be paid in full on application, or as two installments:

£25 deposit (non-refundable) on application, which secures a place on the course.

£50 balance to be received no later than four weeks before the start of the course.

Cheques should be made payable to ‘Bath Archers’ or we can offer Bank Transfer

**Account Name: Bath Archers**

**Sort Code: 40-09-19**

**Account number: 31657259**

**Reference: BGN <surname>**

Once you have paid the total amount, if you withdraw from the course more than four weeks in advance: you can transfer to another course or receive a refund (less deposit). In the event of cancellation less than four weeks before the start of the course, we reserve the right to retain fees.

*Please send completed forms to:*

*By Post: By email:*

Chris Wilgar beginners@batharchers.org

17 Pine Close, Rudloe,

Corsham, Wilts, SN13 0LB *P.T.O.*

**General Data Protection Regulations**

GDPR came into effect in 2018 and affects your information rights and places certain responsibilities on us, as the organisers; so please read the following statement:

*When you take part in a Beginner’s Course, information will be collected. This information may be shared with others involved in organising and running the Beginner’s Course. This information may include your First Name, Surname, Gender, Email Address, Phone Number, Age and Disability.*

**Photography**

During the course, Bath Archers may take occasional photos which may be posted on our website for the purposes of advertising the course. Please indicate if you are happy to appear on such photos (delete as appropriate):

I give/withhold permission to appear in photos from the Beginner’s course posted by Bath Archers.

If you wish to take your own photos during the course, you must sign the Beginner’s Course photography register. Please ask the course leader for further information.

**Juniors (under 18)**

I agree to remain in attendance at the archery field with my child for the duration of all course lessons. If I cannot attend a lesson, then I will nominate another adult to escort my child in my absence (please complete the nomination slip below).

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the interests of safety, ArcheryGB places strict rules on the accompaniment of juniors in archery. We require all juniors to be accompanied by a parent, guardian or carer who:

* must be over 18
* will be deemed responsible for their charges at all times whilst on Bath Archers grounds
* must remain with their charge for the duration of the course.

**Parental duty of care – Nomination of Carer**

I (print your name) \_\_ parent or guardian of (print child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
have nominated (print name of carer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as my duly nominated representative and carer of my child in my absence. I acknowledge they shall have full responsibility and obligation for the care of my child and must remain with their charge for the duration of the session.

(Signature of parent) (Signature of carer) (Date)\_\_\_\_\_\_\_\_\_\_\_\_