

# CHIPPENHAM ARCHERS PARENTIAL/GUARDIAN CONSENT FORM

## For Chippenham Archers

### Childs Details

First Name:

Last Name:

D.O.B:

Address:

Town/City:

County:

Postcode:

Contact Number:

Any Medical Conditions or injuries that may hinder your progression on the course

Signature:

## For Parent/Guardian

### Club Details

CHIPPENHAM ARCHERS

PRIORS COPSE

Nr SHELDON CORNER

CHIPPENHAM

### Club Representatives

Club Chairman:

Club Coach:

- I, as the Parent or Legal Guardian of a child who is under 16 years of age, understand that I must remain in attendance for all of the time the child is on the Chippenham Archers Club Grounds.
- I understand that, as the Parent or Legal Guardians responsible for the child it is my responsibility to inform Chippenham Archers of any medical conditions which might affect the child during the course.
- I acknowledge and understand that a degree of physical contact may be necessary as part of the instruction provided during the course.