

Beginners Course Registration Form

Title:	
First Name:	
Last Name:	
D.O.B: (if under 18)	

Address:	
Town/City:	
County:	
Postcode:	
Contact Number:	

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

Signature: (Parent/guardian for under 16's)	
---	--

For Parent/Guardian

Club Details	
CHIPPENHAM ARCHERS	PRIORS COPSE
	Nr SHELDON CORNER
	CHIPPENHAM

Club Representatives
Club Chairman: Mark Bennett
Club Coach: Dave Jones/Mark Bennett

- 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 Guardian 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.