

Lizard Peninsula Bowmen

BEGINNER'S COURSE APPLICATION FORM

Please note - **ALL** fields on this form are mandatory.

Persons attending a Beginner's Course with the Club are expected to obey the rules of the Club and the safety guidelines at all times and to treat other members and the facilities with the greatest respect. We adhere to the codes of practice, rules, guidelines and policies of the governing bodies to which we are affiliated, namely the Grand National Archery Society (ArcheryGB), the Grand Western Archery Society and the Devon and Cornwall Archery Society.

Full Name (including Title):			
Address:			Postcode:
Telephone No: Main:			Mobile:
E-mail Address:			
Date of Birth (Juniors):			
Please let us know if you consider yourself to have a disability or impairment. (Please tick as appropriate)	Yes	<input type="checkbox"/>	No
Please use this space to share any information that you think may be pertinent to the safety of yourself or other participants during your Beginner's Course: This information will be treated absolutely confidentially and will only be used by your coaches to determine the most appropriate teaching styles and equipment to suit your needs.			

(The parents or guardians of juniors under 18 must sign the consent section of the form below. Please note that juniors must be accompanied by a parent or designated guardian at all times during archery.)

Parental Consent: I consent to the above - named person joining Lizard Peninsula Bowmen. I confirm that I am the applicant's Parent/Guardian and understand that they must be accompanied by a Parent/Guardian for all club activities.

Signed:		Date:	
----------------	--	--------------	--

Insurance Compliance:

To ensure that the terms and conditions of Archery GB's insurance policy are complied with, your completion of this application form will constitute confirmation of the following:

At all times, you will comply with any safety guidelines advised to you by your specific tutor, or any other member of Lizard Peninsula Bowmen who may be present.

I apply to join a Beginner's Course with Lizard Peninsula Bowmen:

Signed:		Date:	
----------------	--	--------------	--

Return this form to the Secretary, Paul Reid, 24, Pasmore Road, Helston TR13 8ED. Please enclose a cheque for the appropriate amount, made payable to 'Lizard Peninsula Bowmen'. Alternatively pay by BACS to Lizard Peninsula Bowmen, Sort Code:20-67-19, Account No:70878405 referenced with your surname. Please e-mail our Treasurer at treasurer@helstonarchery.co.uk to confirm if a BACS payment has been made.

If you have any questions please contact Paul at secretary@helstonarchery.co.uk or on 01326-573214

Data Protection Information.

When you apply to join a Beginner's Course with the Lizard Peninsula Bowmen, the following information will be collected from you:

Name,
Address,
Tel.No.,
E-mail address,
DoB (Juniors only).

As a participant in a Beginner's Course, your personal data will be stored nowhere else than on your application form.

Hence, for the principles of data protection:

- 1) We process your data securely.
- 2) It is limited to what the club needs.
- 3) It is used only for the purpose for which it is collected.

