

## Agreement Form Between Parent/Guardian and Lizard Peninsula Bowmen

### ONE COPY TO BE RETAINED BY THE PARENT/GUARDIAN

Lizard Peninsula Bowmen takes its responsibilities to children and young people who participate in archery at all levels very seriously, to create an environment to be healthy, stay safe, enjoy and achieve, and make a positive contribution, which are the outcomes for the Government's aim of 'Every Child Matters – Change for Children'. To help the committee fulfil its obligations, please can you read the Child Safeguarding Policy as presented by the National Governing Body – Archery GB. This policy, together with the good practice guidelines, clarifies what is expected of all Archery GB members and is the expectation of all Lizard Peninsula Bowmen.

Lizard Peninsula Bowmen believes that when dealing with children and young people their welfare must always be of paramount importance. We are committed to providing an environment where children and young people can learn and participate in archery free from harassment and abuse. All people working with children and young people have a moral responsibility to safeguard and promote those children and young persons' welfare. This club has adopted the Archery GB Policy for Safeguarding Children, Young People and Vulnerable Adults to ensure peace of mind for adults, children, young people and vulnerable adults. A copy of the Archery GB policy can be found on their website. ([www.archerygb.org](http://www.archerygb.org) )

The following form is an essential part of the process to fulfil the requirements of Archery GB Safeguarding Policy. Please complete the following details as an Agreement between Lizard Peninsula Bowmen and the Parent regarding their Child and/or Young Person.

<b>GNAS CLUB NAME</b>	<b>Lizard Peninsula Bowmen (Club No. 627)</b>	
<b>Current Club Officials</b>	<b>Position Holder</b>	<b>Contact Details</b>
<i>Chairman</i>	<i>Adrian Leach</i>	<a href="mailto:chairman@helstonarchery.co.uk">chairman@helstonarchery.co.uk</a> 01326 240966
<i>Secretary (Deputy Chairman)</i>	<i>Paul Reid</i>	<a href="mailto:secretary@helstonarchery.co.uk">secretary@helstonarchery.co.uk</a> 01326 573214
<i>Treasurer</i>	<i>Peter Jennings</i>	<a href="mailto:treasurer@helstonarchery.co.uk">treasurer@helstonarchery.co.uk</a> 01326 218748
<i>Records</i>	<i>Rachel Roberts</i>	<a href="mailto:records@helstonarchery.co.uk">records@helstonarchery.co.uk</a> 07794 838797
<i>Child Protection Officer</i>	<i>Maria Reid</i>	<a href="mailto:cpo@helstonarchery.co.uk">cpo@helstonarchery.co.uk</a> 01326 573214
<b>Address of Club Venue (Outdoors)</b> <b>Garras, Helston, TR12 6LN</b>	<b>Address of Club Venue (Indoors)</b> <b>Gweek Village Hall, Gweek, Helston, TR12 6UG</b>	
<b>Shooting Times:</b> As advertised on the LPB Website ( <a href="http://www.helstonarchery.co.uk">www.helstonarchery.co.uk</a> )		
<b>Parents are required to remain with their child/young person during the Club's archery sessions, and they must agree also to the following conditions:</b>		
It is the parent's responsibility to inform the Club of any medical conditions which may affect his/her child/young person during archery sessions.		
I/We acknowledge and understand that minor physical contact may be necessary as part of his/her coaching.		

I/We acknowledge and understand that during coaching sessions it may be necessary to use biometric videoing/photography to enhance performance		
I/We do/do not consent to photography of my/our child/young person appearing on the Lizard Peninsula Bowmen website and/or in press releases.		
I/We acknowledge that if my/our child/young person enters any Archery Tournament, I/We remain responsible for his/her care.		
I/We understand that all archers including children and young people are eligible for drug testing if requested at any domestic tournament. <b>(For further information contact the Archery GB Performance Unit Anti-Doping Officer – Telephone No: 01952 602974)</b>		
Child / Young person's name		
Date of Birth		
Parent(s) Name(s)		
Current Postal Address		
	Postcode:	
Contact Telephone Number		
<b>Signature (Parent/Guardian – please state relationship)</b>	<b>Print Name</b>	<b>Date:</b>
<b>Signature (LPB Official)</b>	<b>Print Name</b>	<b>Date:</b>