



Westbury-on-Trym Archery Club - Participant Registration Form

This form must be completed for all participants who wish to shoot. If the participant is under 18, it must be signed by a parent or legal guardian. This form may be used for multiple participants provided they live at the same address and (if under 18) share the same parent/guardian details.

Privacy and Data Protection

The information that you provide on this form, along with a record of your session attendance, will be held in a database maintained by the club in accordance with the data protection act. We are required to hold this information for insurance purposes, and will only disclose it to third parties when we have a legal obligation to do so. You can request to have your details removed from the club's database at any time.

We must ask your consent in order to contact you regarding the activities of the club.
Please tick this box to allow us to contact you. (This usually means at most one email a month)

Participant's Details:

First name: _____ Surname: _____

Date of Birth: _____ Gender: M / F (please circle)

Does the participant have any medical conditions or other considerations which may affect them during archery (please also describe any particular course of action which should be taken in the event of emergency):

In event of emergency, who should we contact? (name and number): ***Please print clearly***

GNAS / ArcheryGB Membership Number (if applicable): _____

Parent or Guardian Details (only required if Participant[s] under 18):

First name: _____ Surname: _____

Date of Birth: _____ Gender: M / F (please circle)

Relationship to Participant: _____

Additional Participant: (must live at same address as lead participant)

First name: _____ Surname: _____

Date of Birth: _____ Gender: M / F (please circle)

Does the participant have any medical conditions or other considerations which may affect them during archery (please also describe any particular course of action which should be taken in the event of emergency):

Additional Participant: (must live at same address as lead participant)

First name: _____ Surname: _____

Date of Birth: _____ Gender: M / F (please circle)

Does the participant have any medical conditions or other considerations which may affect them during archery (please also describe any particular course of action which should be taken in the event of emergency):

Contact Details (to be used for making bookings and other matters related to the club):

Email Address (*please print clearly*):

Mobile Phone Number: _____

Address: _____

Postcode: _____

Terms and Conditions of Participation

In order to participate at our archery sessions, you agree to the following terms:

1. I hereby declare that I (or the participant) have never had a firearm or shotgun application refused or such a certificate revoked. I also declare that I (or the participant) is/am not a person prohibited by virtue of Section 21 of the Firearms Act 1968.
2. I acknowledge and understand that, as with all adventurous activities, there are dangers and risks associated with the activities provided. I understand that the club holds appropriate public liability insurance, and will provide equipment and instruction appropriate to the age and capabilities of the participants; however the club cannot accept responsibility for injury or damage arising from the activity unless proven negligent. I therefore agree to indemnify the club and its agents and officers, from and against any and all liability incurred as a result of participation in the activities.
3. All participants must follow the club's Rules of Shooting at all times. The instructors reserve the right to exclude any participant from the session at any time for unsafe behaviour, which is determined at the instructor's sole discretion.
4. All participants under the age of 18 must be brought to each session by a parent or legal guardian (who can sign them into the session), and the parent or guardian must remain at the venue unless specific permission has been granted by an instructor.
5. It is the responsibility of the participant (or their parent/guardian) to notify the instructors of any medical conditions or injuries which may affect their ability to participate at any session.
6. As part of the instruction process, it is occasionally necessary for minor physical contact between the participant and the coach. Please inform the instructors in advance if you have any concerns.
7. We occasionally take photographs at club sessions. We will ask permission before taking photographs which specifically feature an individual, however it is possible that other participants may appear in the background of any photographs we take, or in shots which feature a wide scene. We will never name or identify anyone in photographs we take.
8. Session fees are non-refundable; however if you need to move a booking in exceptional circumstances, contact us at least 24 hours in advance and we may (at our sole discretion) offer to move it to another date. If you make a booking for a session and do not provide at least 24 hours notice of a cancellation, the session is forfeit.

I agree to the above terms and conditions of participation, and I declare that the information I have provided is true and complete. I agree to notify the club if there is any significant change in my/our circumstances.

All participants (or parent/guardian) listed on this form should sign below

Signed: _____

Print Name(s): _____

Date: _____ / _____ / _____