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|  | **Harlequin Bowmen Beginners Course Application Form** |
| Title: |  | Address: |
| Full Name: |  |  |
| Age (if under 18): |  |
| Tel. No: |  |
| Mobile No: |  | Post Code: |  |
| Email: |  |
|  |
| **Date of lessons:** | Mon 12th April9.00-12.00 | Tue 13th April9.00-12.00 | Wed 14th April9.00-12.00 | Thurs 15th April9.00-12.00 |
|  |
| **Any Previous archery experience?** |
|  |
| **Any physical problems or disabilities that you think may prevent you from taking part in archery?** |
|  |
| **How did you find out about Archery & Harlequin Bowmen?** |
|  |
|  |
| **Consent to Photography: If under 18 years of age, this section must be completed by a parent or guardian.** |
| Photography is useful for coaching and record purposes and digital photography may be added to the Harlequin Bowmen website (specific permission will be sought before publishing to the website). Do you agree to film and digital photography (still & video) being used while you take part in the sport of archery? |
| Yes, I agree |  | No, I do not agree |  |
|  |
| **Signature and Further Information** |
| Name: |  | Signature: |  |
| D**ata policy:**  |
| We will hold your data solely for the purposes of administering this course and any future membership of Harlequin Bowmen should you join the club subsequent to successful completion of our beginners course.Once completed, your data is held for 12 months, in the event that you might look to join at a later date. After this time we hold your name only, along with date of course completion, to allow us to confirm your completion of a course should you look to join us or another club in the future. All other personal details are deleted. By completing this form you are acknowledging acceptance of these policies. You may ask us to delete your data at any time, but this may mean we are unable to confirm your completion of an archery course should you join us or another club at a later time. |
| To secure a place on the beginners course Harlequin Bowmen have offered you:Fill in this form and send electronically to beginners@harlequinbowmen.org.uk or post directly to:- **Paul Comina, 12 The Crescent, East Hagbourne, OXON, OX11 9JY**You also need to send the course fee of £50 per adult, £30 per junior under 18, with the application form, to secure a place. Please make out cheques to “Harlequin Bowmen” or if you wish to pay by BACS transfer please transfer the correct sum into our account: sort code: 30-93-93, account number 00097432, with reference: “APR surname” |

**Harlequin Bowmen and Harlequin Junior Bowmen**

**Beginners Course, Junior Information Form “Part A”**

**To be retained by parent or guardian**

|  |  |  |
| --- | --- | --- |
| **Club Officers Name** | **Position** | **Contact** |
| **Paul Comina** | **Level 2 Coach****& Chairman** | **01235 816551****paulojiffy@gmail.com** |
| **Colin Crowley** | **County Coach** |  |
| **Sarah Crowley** | **County Coach** |  |
| **Katherine Comina** | **Level 1 Coach and Junior Representative** |  |
| **Ed Darter** | **Level 1 Coach** |  |
| **Rowan Berger** | **Level 1 Coach** |  |
| **Sam Taylor** | **Child Protection Officer** | **kabybins@gmail.com** |

|  |  |
| --- | --- |
| **Name of Junior** |  |

**Address of Shooting**

***All year round October to end of March***

**Harwell Sports Ground, (on the cricket field) John Mason School (sports Hall)**

**Harwell Science Centre, Wotton Rd, Abingdon**

**On the A4185, Oxon**

**OX11 0RA OX14 1JB**

**All under 18 beginners are to be accompanied by a parent or legal guardian at all times during shooting**

**I have read, understood and agree to the above.**

|  |  |
| --- | --- |
| **Signed** | **Date** |
| **Print name** |  |

**Harlequin Bowmen and Harlequin Junior Bowmen**

**Beginners Course, Junior Information Form “Part B”**

To be retained by Harlequin Bowmen

|  |  |
| --- | --- |
| **Juniors Name:-** | **Juniors date of birth:-** |
|  |  |
| **Parent /legal guardian’s Name:-** | **Home telephone number;-** |
|  |  |
| Full postal address:- | Mobile phone number:- |
|  |  |
| **Email address:-** |
|  |
|  |
| Please state any known medical conditions that may affect the child during the archery session & any preferred course of treatment |
|  |
|  |
| **Does your child special drugs or medical equipment?** | **Yes** |  | **N o** |  |
| **If yes, please give details:-** |
|  |
|  |
| **Is your child to the best of your knowledge allergic to any medication?** | **Yes** |  | **No** |  |
| **If yes, please give details:-** |
|  |

**The above information will be treated with the strictest confidence**

**I have read and understood the details of “part A of the agreement between Harlequin Bowmen Archery Club and myself regarding my child and filled in “Part B” to the best of my knowledge.**

**Signed: Date**