



Southgate Archery Club

APPLICATION FOR BEGINNERS COURSE

Please note : if this application is being completed for a junior (Aged 8 to 18) telephone and email supplied should be of the parent/guardian.

Title: Mr/Mrs/Ms/Miss/Other.....
First name(s):
Surname:
Date of Birth: Age:
Height:..... Right or left handed?
Eye dominance?.....

Address:
.....
.....
Postcode:.....

Home Telephone:..... Mobile:.....
E-mail:
Emergency contact name:.....Telephone:.....

Previous archery experience if any:

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.....

Please list below any Disabilities, Learning or Medical conditions, which you believe may affect your ability to take part in archery.(This information will be treated in absolute confidence and will only be used by your coaches to determine the most appropriate equipment and teaching styles to suit your personal needs.)

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.....

I consent/do not consent for photographs/video to be taken of myself/my child taking part in archery.

I, the above named, apply for a beginners course with Southgate Archery Club and, if accepted, I undertake to abide by the rules of the Club.

I understand that the beginners fee is £30 and is due on the first evening of the course and that I intend to complete the course within 9 weeks of starting.

Signed (beginner):.....Signed (parent or guardian).....
Date: