



GLOUCESTER DISTRICT ARCHERY CLUB

PARENTAL CONSENT FORM - ARCHERY TARGET SHOOTING TASTER SESSIONS

PLEASE NOTE: SPECIFIC WRITTEN PARENTAL PERMISSION IS NEEDED BEFORE A YOUNG PERSON CAN TAKE PART IN THIS ACTIVITY. WE MAY ALSO TAKE PHOTOGRAPHS OF THE SESSIONS FOR TRAINING PURPOSES.

Lower section to be completed by the parent or guardian and returned to the Leader.

Proposed activity: Archery Target Shooting Taster Sessions.

Location: - DISTRICT HQ, MURRAY HALL, TUFFLEY, GLOS Dates: - SEE ATTACHED

Start time For Cubs 18.30 pm Finish time 20.00 pm

Start time For Scouts & Explorers 18.30 pm Finish time 20.30 pm Cost: - £1.50 PER SESSION

Additional information: - ALL EQUIPMENT WILL BE PROVIDED. TRAINING WILL BE PROVIDED BY QUALIFIED INSTRUCTORS.

Lead Instructor: - Brian Kimber, Assistant Instructors: Heather Taylor, Bruce Warden, and Robert Rowles
All Archery GB instructors

Contact Details

Brian Kimber	e-mail	brikimber@live.co.uk	Tel:- 07907 685485
Bruce Warden	e-mail	wardenbruce7@gmail.com	Tel:- 07540111774
Heather Taylor	e-mail	bacardi46577@hotmail.com	Tel:- 07748770684
Robert Rowles	e-mail	rob.rowles@btinternet.com	Tel:- 07578348369

If any additional information is required please do not hesitate to contact the Leader of the activity.

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Parent's or Guardian's Consent

I being the parent/guardian of the person named below hereby give permission for my child

..... (Name of young person) to take part in Archery Target Shooting on dates as attached sheet. at: - DISTRICT HQ, MURRAY HALL, TUFFLEY, GLOS.

I also give permission for photographs to be taken during the sessions for training purposes.

Please state if your son/daughter has a disability or condition that may be affected by this activity:

Please indicate details of any medical treatment he/she is receiving at the moment:

Contact details in the event of an emergency _____

Name _____ Parent/Guardian Signed _____

Address _____ ☎ No _____
