

REDHILL ARCHERS BEGINNERS COURSE APPLICATION FORM

Name	Gender:
	DOB:
	Tel:

Address

email:

Please state any known medical conditions that may affect you, or your child, during the session

Are you normally left or right handed? <i>(This may help us to allocate bows)</i>	a. Right	b. Left
	c. Ambidextrous	d. Don't know

Juniors Only:

Normal plans for the arrival/departure of child aged 16yrs upwards, where applicable
Additional Contact Telephone Number/Details e.g. in the rare event of the session ending prematurely or if the child needs collecting early due to illness

Archers / Parents / Legal Guardians must acknowledge and understand that minor physical contact may be necessary as part of coaching.

The above information will be treated with the strictest confidence

I wish to enrol on the beginners course. I have received, read and understand the Rules and Guidelines.

Signed: _____ **Beginner / Parent / Legal Guardian**

Print: _____ **Date:** _____

Club Use Only:
Application received by: _____
Fee paid £ _____

Signed _____ Date: _____
(Redhill Archer)