

Tavistock Company of Archers
Junior Membership
Form



Child's Name	Date of Birth
Parent/Legal Guardian Name	Contact Telephone Number
Full Postal Address	Contact Email address
	(Email is used to distribute news within the club)
Additional Contact Telephone Number/Details e.g.in the rare event of the session ending prematurely or if the child needs collecting due to illness.	
Please state any known medical conditions that may affect the child during the session and your preferred course of action	
Does your child require any special drugs or medical equipment? If YES, please give details:	YES/NO
Does your child have any allergies? If YES, please give details:	YES/NO

The above information will be kept in the strictest confidence.

I have read and understand the details of Part A of the agreement between the Archery Club and myself regarding my child.

Signed:(Parent/Legal Guardian)