



Bowmen of Furness Junior Club Membership Form

We are very pleased to welcome you to the Bowmen of Furness Archery Club. To ensure we have the correct contact details for you, please fill out this form and return it to us. If you are under 16 please also ask your parents or carer to sign the form before it is returned.

When you become a member of or renew your membership with Bowmen of Furness you will automatically be registered as a member of Archery GB, Cumbria County Archery Association and Northern Counties Archery Society. We will provide Archery GB with your personal data which they will use to enable access to an online portal for you (<https://agb.sport80.com>) which, amongst other things, allows you to set and amend your privacy settings. If you have any questions about the continuing privacy of your personal data when it is shared with Archery GB, please contact gdpr@archerygb.org.

The following is a message from Archery GB:

Would you like to continue to hear from us (Archery GB) about our latest news including our quarterly magazine, ways in which you can support us and membership benefits available? If so, please tick below to let us know how you would like to hear from us.

- | | | |
|--|---------|--------|
| 1) Magazine | Yes [] | No [] |
| 2) Email Newsletter | Yes [] | No [] |
| 3) Membership benefits / offers by email | Yes [] | No [] |

We will keep your details safe, and you can unsubscribe or change your preferences at <https://agb.sport80.com>

Name			
Home Postal Address			
Postcode			
Date of Birth			
Gender	Male		Female
	If under 16 please give parents or carer contact details, if 16 or over please give your own		
Home Telephone No			
Mobile Telephone No			
Email Address (Please print clearly)			



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Name: _____

Medical information

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.).

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Emergency contact details

To be completed by the parent/carer

Please insert the information below to indicate the person(s) who should be contacted in event of an incident / accident

Contact name e.g. parent / carer

Emergency contact number

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carer	Signature of parent/carer	Date

