# **MEMBERSHIP FORM**

## Neath Archers

We are very pleased to welcome you to Neath Archers.

To ensure we have the correct contact details for you, please fill out this form. If you are under 18 please also ask your parents or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Personal details	
Name:	
Address:	
Postcode: Home telephone number: Mobile:	Email:
Date of birth:	Gender:
Safeguarding (Adult) I can confirm I hav working with children or vulnerable adult	e no current of pending disqualifications for ts.
Signed	Date
Whilst it is not compulsory that this section explains why it is important.	ion is completed the following paragraph
•	•
If yes, what is the nature of your disability?  □Visual impairment  □Hearing impairment  □Physical disability  □Learning disability  □Multiple disability  □Other (please specify):	

#### **Medical information**

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

## **Emergency contact details**

To be completed by the parent/carer or Adult

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

Contact name

Emergency contact number

By returning this completed form, I agree to taking part in the activities of the club.

I understand in the event of injury or illness all reasonable steps will be taken to contact the emergency number provided.

#### **Data Protection**

I DO agree to my personal details being stored in compliance GDPR 2018 and that once I become a member of Neath Archers I will automatically become a member of Archery GB, Waleas Archery Association and Glamorgan Archery association and that only relevant personal information will be shared with these parties

Sianed	Date

## **Photographs and Publicity**

**I DO** give permission for any photographs taken of myself during Neath Archer's events to be used on Neath Archer's Website or Neath archer's social media sites or any othe archery related sites.

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## **Health & Safety**

I have read and understood the Health and Safety Policy together with	the Risk
Assessment Statement of Neath Archers	
SignedDate	
(Parent or guardian if under 18 years old)	

# NEATH ARCHERS®

MR / MRS / MISS / MSTR									
FULL NAME									
DATE OF BIRTH									
ADDRESS									
POST CODE									
MOBILE / PHONE NUMBER									
EMAIL ADDRESS							Sty.		
NEW MEMBERSHIP									
RENEWING MEMBERSHIP									
Senior 25+							-		
Senior 18-24				-					
Junior									
Archer with disabilities (all ages)									
When you become a member automatically be registered as a mill provide Archery GB with your portal for you (https://agb.sport80.cyour privacy settings. If you have awhen it is shared with Archery GB, Would you like to continue to hear magazine, ways in which you can tick below to let them know how you	nember of Archery G personal data which com) which, among any questions about please contact gdp from Archery GB ab support them and n	BB and they wast other the control of the control o	the thir tinueryo	relevant use to en ngs, allo uing priv ab.org  test new benefit	Counable ws y acy	of y	y and cces to s your ding	d Reg	gion. Wan onlind amen d amen onal dat quarter
Magazine     Email Newsletter     Membership benefits / off		Yes [ Yes [ Yes [	]		No No No	]	]		
They will keep your details safe https://agb.sport80.com  SIGNED BY ARCHER								refere	nces a
IGNED BY ARCHER DATE									