

**Sacred Sports London
REGISTRATION FORM**

Name:

Gender: Male Female

Address:

Email:

Phone:

Date of Birth: / /

Age:

Please provide details of any Medical Conditions/Disabilities/Special needs or requirements/Medication below: (if emergency medication could be required please notify Instructor and note down location)

Emergency Contact: (if more than one available please use reverse of form)

Name:

Relation:

Tel:

Address:(if different from above)

Mobile:

Email:

Terms and Conditions

- In the event of Illness/Injury, I consent to any Emergency Medical Treatment deemed as necessary by the relevant First Aider/Health Professional where there is significant risk to health or life and the mentioned Parent/Guardian/Emergency contact is unable to provide timely consent.
- I accept that in the event of a participant's behaviour affecting the safe and smooth running of a session, the leader will temporarily/permanently remove them from the session. In such cases any payments made will not be refunded.
- I understand that appropriate footwear that covers all around the foot including the top of the foot is required to participate, and accept responsibility for my personal health and safety and for those around me.
- I understand that Photography is strictly prohibited unless permitted by the instructor. The organiser/instructor may take photos of the session for the use of promoting the sport on social media. Participants will be given notice and opportunity to avoid appearing in photographs. If you do not consent to you or child mentioned above appearing in photos please tick this box
- I understand that Sacred Sports London and associated instructors/venues accept no liability for loss of or damage to personal possessions/property, including personal archery equipment which can only be used with instructors' consent.
- I consent/on behalf of Participant/Child mentioned above to take part in Archery with instructors certified by Archery GB.
- I declare that the information on this form is correct to the best of my knowledge, and that if any changes occur before activities, I will inform the organisers.

By signing this document, I consent to and understand the above terms and conditions or consent as parent/guardian of participant/child mentioned above.

Print Name:

Signed:

(Parent/Guardian/Carer)

Date: