



AVALON ARCHERY CLUB MEMBERSHIP APPLICATION FORM

Please complete the form in full, in block capitals, sign and return with your joining fee to either the Club Treasurer or the Club Secretary.

Data Protection: Our Privacy Policy outlines how the Club will treat the personal information that you provide to us about yourself and in some cases your parent/carer. Please read our Privacy Policy for more information at www.avalonarcheryclub.co.uk

SECTION A: DATA SHARING WITHIN THE CLUB, AND WITH OTHER ORGANISATIONS

Our Privacy Policy provides for the Club to share certain personal information with Archery GB, Grand Western Archery Society and Somerset County Archery Association and this is a requirement of your membership of our Club. Similarly, Club Officers (Chair, Secretary, Treasurer and Welfare Officer) and Club Coaches will have access to certain information solely for the purpose of their role within the Club. We will **not** share your information with any other third party, internal or external, without your permission or unless the Club is legally required to do so.

SECTION B: PROSPECTIVE MEMBERS DETAILS – Please complete all fields

First Name:	Surname:
Address:	Postcode:
Telephone:	Mobile Number:
Date of Birth: (DD/MM/YY)	Email Address:
Membership Category: <i>Please choose from Senior (age 25 & over), Young Adult (age 18-24) or Junior (age under 18) – also state if you consider yourself disabled. For example “Senior” or “Young Adult (Disabled)”</i>	

SECTION C: PARENT/CARER DETAILS

If you (the prospective Club member) are **under 18 years of age**, please ask your parent/carer to complete this section.

First Name:	Surname:
Address:	Postcode:
Telephone:	Mobile Number:
Email Address:	

SECTION D: ADDITIONAL SUPPORT

Please detail below any disability you have and/or any additional support you may require from the Club - if there is no information please write 'None'. You can speak, in confidence, to a Club Coach or Club Welfare Officer if you prefer.

SECTION E: MEDICAL INFORMATION

Please detail below any important medical information that the Club should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.) – if there is no information please write 'None'. You can speak, in confidence, to a Club Coach or Club Welfare Officer if you prefer.

CONSENT FOR INFORMATION IN SECTIONS D & E

I consent to this special category personal data provided in section D and E to be shared with Club coaches and Club Welfare Officer for the purposes of the delivery of my safe participation in the Club. This data will **not** be shared or processed for any other purpose.

Please note: Members over the age of 13 can provide consent for the use of this data under GDPR. For Members under 13 consent needs to be provided by their parent/carer.

Signature:	Print Name:	Date:
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SECTION F: EMERGENCY CONTACT DETAILS

Please Note: Avalon Archery Club does not maintain a list of Emergency Contacts. However, it is recommended that you attach a conspicuous label (e.g. luggage label) to your equipment bag on which you have written the details of an Emergency Contact and any relevant medical information that might be appropriate. Please speak to the Club Chair or the Club Welfare and Safeguarding Officer for more information.

SECTION G: CONSENT FOR PHOTOGRAPHY & VIDEO

To be completed by the parent/carer if the prospective member is aged under 18

Avalon Archery Club recognises the need to ensure the welfare and safety of all young people within the Club. In accordance with Archery GB's child protection policy and procedures, we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people. The Club will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club's Welfare Officer immediately.

I, as parent/carer, consent to Avalon Archery Club (or a photographer appointed by Club) photographing or videoing my child's involvement in Archery for the duration of their membership of the Club for the purposes of publicising and promoting the club or sport, or as a coaching aid.

Signature:		Print Name:		Date:	
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SECTION H: COMMUNICATION PREFERENCES

As the Club's main means of communication with its members is by email we **must** have an email address for each of its members. This will be used for all general Club communications – Club news, events and information. Please Note: Club emails will be sent either by 'open' distribution list (where other members can see your email address or by 'closed' distribution list (where other members cannot see your email address.)

In addition to the Club communicating by email there may be occasions where we need to communicate by post and we may in future utilise SMS text messaging.

Please indicate in this table how you would like to hear from the Club (items 1 to 4) and from Archery GB (items 5 to 8).	Please Tick	
	YES	NO
1) I would like to receive general Club communications via the 'open' distribution list – choose 'YES' to receive email where other members can see your email address – choose 'NO' to receive emails without other members seeing your email address.		
2) I would like to receive Information via email from the Club about specially selected products and services available from archery affiliates and partners (for example; club clothing, equipment, competitions and courses)		
3) I am happy to receive communications via SMS		
4) I am happy to receive communications via POST		

The following preferences and certain member details can be changed online once Archery GB have processed your membership application.

5) I would like to receive Archery GB's quarterly magazine Archery UK		
6) I would like to receive Archery GB's 'ezines' (emailed magazine/news)		
7) I would want a hard copy of your Archery GB membership card, essential for competitions or visiting other clubs		

SECTION I: MEMBERS & PARENT/CARER AGREEMENT

By returning this completed form, I confirm that I have read and understood the Privacy Statement and how my personal data will be used and shared. I am willing to abide by Archery GB codes of conduct and shooting rules and declare that I have no court order preventing me from working/being in contact with children or vulnerable adults.

All members must sign this form. Where the member is under 18 this form must be countersigned by their Parent/Carer.

Archers Signature:		Print Name:		Date:	
Parents/Carers Signature:		Print Name:		Date:	