

# Portsmouth Archery Club

Promoting Archery in the Community

## **ADULTS Beginners Course Application Form – To be completed by participant.**

To be retained by.... Portsmouth Archery club

Full Name:

Telephone Number:

Mobile Number:

Full Postal Address:

EMAIL ADDRESS

Emergency Contact Telephone Numbers/Details:

Contact name and Full Postal Address:

Contact Telephone No:

Contact Mobile No:

Please state any known medical conditions that may be effect you during the session and your preferred course of action:

Doctors Name:

Address:

Telephone No:

Do you require special drugs or medical equipment? Yes/NO – If YES, please give details:

Are you, to the best of your knowledge, allergic to any medication? YES/NO – If YES, please give details:

Are you allergic to any food/drinks/sweets? YES/NO – If YES, please give details:

The above information will be treated in the strictest confidence

PAYMENT DETAILS ACCOUNT 16780160 SORT CODE 77-19-32

SIGNED: ----- DATE: -----

PRINT NAME: -----