



Thomas Wall Archers



Junior

Application form to join Thomas Wall Archers.

Title Mr. Mrs. Miss Other

Name:

Address:

Post Code:

Telephone:

Mobile:

Email:

Date of Birth:

Emergency Contact

Name and Phone Number.....

GNAS Membership No: (if applicable)

Cost £

Date paid (Cheque / Cash)

Receipt No.....

The parents or guardians of under 18s must sign the consent section of this form.

Parental Consent:

I the undersigned hereby consent to the above named person joining **Thomas Wall Archers**,
I hereby confirm that I am the applicant's Parent/Guardian.

Signed date

Please list below any Disabilities, Learning or Medical conditions, which you believe may affect your ability to take part in archery. *(This information will be treated in absolute confidence and will only be used by your coaches to determine the most appropriate equipment and teaching styles to suit your personal needs.)*

Notes:

Return address for form

The Secretary Thomas Wall Archers 22 Abbotsbury Road Morden SM4 5LQ