



APPLICATION FOR "Come N Try" LESSONS

I,			
	Given Names	Last Name	Preferred Name
Of			
	Street Address	Suburb	
Please indicated if you are Left handed <input type="checkbox"/> or Right handed <input type="checkbox"/>			
			Postcode
	Date of Birth:		
Contact Details:	Home Phone:	Mobile:	
	eMail:		
Emergency Contact			
Do you have any known Medical Conditions that may limit or restrict your ability to engage in physical activities associated with upper body, lower back movements and walking over distances up to and including 150 metres?			<input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes please fill out Medical Declaration
<p>Apply to engage in the Archery Lessons conducted by Pioneer Archers Inc. I acknowledge that I can participate for a maximum period of 12 sessions. Six (6) sessions utilising club equipment and then a further six (6) sessions utilising either your own or club equipment (if available) or full 12 session if you have your own equipment from start. During this time I will be eligible to engage in the program and I am covered by the Archery Australia Public Liability Policy during this time.</p> <p>Please note: <i>If you have your own equipment participation in the lessons will be subject to the equipment being inspected and approved for use on our targets by a club official.</i></p>			
<p>Indemnity Clause: <i>Pioneer Archers Inc. accepts no responsibility for claims for damages resulting from the negligence of the officers/members of the association and indemnify and keep indemnified Pioneer Archers Inc. from and against any loss or damage and against all claims, demands, proceedings, costs, charges, expenses and other outgoings arising from or in respect of the hire and /or use of any and all equipment. That the sport of Archery involves the use of a Controlled Weapon, as defined in the Weapons Act 1999 (WA), and as such there is an element of risk of personal injury associated with its use and that this indemnity includes any injury sustained from such use.</i></p>			
I acknowledge that I have read the conditions associated with the participation in the Archery Lesson program and agree to participate under such conditions:			
Signature:		Date:	
If under 18 years must be signed by parent or guardian below			
Print Full Name			
Signature:		Date:	

Weekly Fees:

Archery Lessons	\$15.00
Temporary Insurance	\$ 1.00
Total	\$16.00

Association Use Only

Application Type: Place <input checked="" type="checkbox"/> in box	Senior - <input type="checkbox"/>	Junior - <input type="checkbox"/>
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