



1st HARTFORD SCOUT GROUP

Archery Consent Form



EVENT: _____ DATE OF EVENT: _____

PARENTAL CONSENT FORM FOR ARCHERY

Group Name: _____

Group Leader: _____

PARENT OR GUARDIAN'S CONSENT

I have noted the arrangements and give permission for: _____

Name of child to take part in the above event

: to take part in **fully supervised** Archery activities that the Scout group organise.

Please indicate if your child has a disability or condition, which may be affected by this activity: **Yes/No**
Delete
As Required

Details:

Parent/Guardian's

Name: _____

Signature: _____ Date: _____