

## **CRIEFF ARCHERY CLUB**

## Young Person's (16 – 18 year olds) Assessment Procedure

Responsible for review of	Chairperson of Crieff Archery Club
procedure	Crieff Archery Club Committee

Version	Approved by:	Date of	Next review Date
		Approval	
ONE	Committee	06/11/2017	April 2018
2	Committee	May 2018	May 2021
3	Committee	Sept 2021	Sept 2022



## 1. Introduction

In the context of the Archery GB guidance, any person under the age of 18 is referred to as a "child". This procedure has been produced by Crieff Archery Club to support the club to enable young persons between the ages of 16-18 years old to enjoy archery in a safe environment whilst taking into account their maturity.

This procedure supports the Crieff Archery Club Safeguarding Children, Young People and Vulnerable Adults Policy and this document must be read in conjunction with that policy.

## 2. Supervision Requirements

In accordance with Scottish Archery Association (SAA) and Archery GB (AGB) guidance, the Crieff Archery Club Safeguarding Children, Young People and Vulnerable Adults Policy notes that a parent, carer or guardian must remain present at all times in order to provide constant supervision of their child or vulnerable adult.

The AGB and SAA do however, allow for the completion of a Consent Form which following completion, review and acceptance by the club, would allow for any child to attend without parental/guardian supervision.

Crieff Archery Club has taken the decision not to allow any child under the age of 16 years to attend unsupervised by a parent or guardian. Those young persons between the ages of 16-18 years of age who wish to attend the club unsupervised by a parent/guardian must have a completed consent form which will be assessed by the Club's Child Protection Officer before the individual is invited to join the club.

The form Crieff Archery Club uses for this purpose is an amended version of form SCF 01 from the AGB Safeguarding Children and Young People Policy. This form has been amended to take into account that it is only required for use in regards of young persons, i.e. those between 16-18 years of age and not children under 16 years. The amended form can be found on pages 3 and 4 of this document for easy access.

## NOTES FOR FORM COMPLETION

Please complete both parts A & B and return to the Club Secretary

Please ensure you inform the club of any and all issues that may require the club to provide appropriate support to your young person during the archery session

Do not hesitate to contact the club officials should you require any further information or wish to discuss any concerns

#### 3. Communication & Review

This procedure will be held on the Crieff Archery Club website and its update communicated to members via Facebook and email communications.

This procedure will remain in place for a period of 3 years from the date of publication. This procedure will be updated prior to the end of the 3 year period should the overarching policy, circumstances, guidance or any enactment of law change.





## CONSENT FORM (Part COPY) amended copy

A: PARENT/CARER

ARCHERY GB ORGANISATION NAME: CRIEFF ARCHERY CLUB, PERTHSHIRE, SCOTLAND				
Name of an Organisation Official: Denise King	Position (eg Secretary):Child Protection Officer			
Tel No:	Mobile:			
E-mail: dcronieuk@yahoo.co.uk or via the club general email address of: crieffarcheryclub@gmail.com				
Venue Address (Outdoors)	Venue Address (Indoors)			
Crieff and Strathearn Rugby Club Playing Fields, Braidhaugh Park, Crieff	Four Courts Hall within the Strathearn Community Campus, Pittenzie Road, Crieff, PH7 3JN			
Shooting Times (Summer): To be set annually Historically are Tuesday and Thursday 18.00hrs - dusk	Shooting Times (Winter): To be set annually Currently Sunday 10-12:30 & Wednesday 19.00-21.00hrs			

## The following details to be completed by the Parent/Carer:

I have agreed with Crieff Archery Club that the normal plans for the arrival/departure of my Young Person Will be: (e.g. he/she will walk to and back from the training facilities or he/she will be dropped off and picked up by a family member etc.)

## If parents/carers do not remain with their young person they must agree to these conditions.

Parents/carers are responsible for the following:

- Informing the organisation of any relevant medical conditions which may affect the child/young person Parents/carers must be aware of the following:
- In the event of insufficient supervisory personnel, the session will be cancelled and possibly at very short notice.
- if an emergency medical situation arises, Crieff Archery Club will administer first aid and/or access other medical treatment

Parents/carers must acknowledge and understand the following:

- relevant Archery GB Codes of Conduct
- as part of normal archery coaching, some minor physical contact may be necessary.
- at any tournament, if requested, all members including children/young people are eligible for drug testing Young people are responsible for the following:
- Complying with Archery GB's Code of Conduct & Rules of Shooting, as well as following the Crieff Archery Club's local rules and safety requirements

Print Name:	Signed:	Date:
Parent/Carer	Parent/Carer	
Club Use only		
Print Name:	Signed:	Date:
Archery GB Organisation Official	Archery GB Organisation Official	



## **CONSENT FORM (Part B: ORGANISATION COPY)**

TO BE RETAINED BY CRIEFF ARCHERY CLU	JB			
Name of Young Person:	Date of Birth:			
Address:		1		
Name of Parent/ Carer:		NA -1 -		
	Date of Birth:			
Tel No:	Mob:			
Parent/Carer	Parent/ Carer			
Email: Parent/Care)				
EMERGENCY CONTACT INFORMATION:				
In an emergency	Relationship to			
alternative adult contact:	young person:			
Tel No: Alternative adult	Mob: Alternative adult	Mob: Alternative		
Are there any activities in which your young persor		a and set up of targets etc.)		
The there any activities in which your young person	Tournot participate: (c.g. nanding	g and set up of largets etc.)		
MEDICAL INFORMATION:				
	please give details:			
Any specific medical condition or disability, ( Refer to "Notes for Form Completion"	please give details:			
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2):	please give details:			
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2):  Yes  No  No	olease give details:			
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2):  Yes  No  D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any	olease give details:			
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2 ):  Yes No D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)				
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2 ):  Yes No D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following.	:	nt hetween the Crieff		
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2 ):  Yes No D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)	: Is as in Part A of the Agreeme			
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2 ):  Yes No D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following  1. I have read and fully understand the detail	: Is as in Part A of the Agreeme			
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2 ):  Yes No D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following:  1. I have read and fully understand the detail Archery Club and the Parent/ Guardian/Car	: Is as in Part A of the Agreeme rer regarding my Young Perso	n		
Any specific medical condition or disability, (Refer to "Notes for Form Completion" Para 2):  Yes No D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following  1. I have read and fully understand the detail Archery Club and the Parent/ Guardian/Ca	: Is as in Part A of the Agreeme rer regarding my Young Perso ne need arises, I give my conso	ent for administration of		
Any specific medical condition or disability, (Refer to "Notes for Form Completion"  Para 2):  Yes  No  D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following  1. I have read and fully understand the detail Archery Club and the Parent/ Guardian/Ca  2. In an emergency medical situation and if the first aid and/or other medical treatment which	: Is as in Part A of the Agreeme rer regarding my Young Perso ne need arises, I give my conso	ent for administration of medical practitioner may		
Any specific medical condition or disability, (Refer to "Notes for Form Completion"  Para 2):  Yes  No  D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following  1. I have read and fully understand the detail Archery Club and the Parent/ Guardian/Ca  2. In an emergency medical situation and if the first aid and/or other medical treatment which	: Is as in Part A of the Agreeme rer regarding my Young Perso ne need arises, I give my conso ch in the opinion of a qualified	ent for administration of medical practitioner may		
Any specific medical condition or disability, (Refer to "Notes for Form Completion" Para 2):  Yes  No  D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following  1. I have read and fully understand the detail Archery Club and the Parent/ Guardian/Ca  2. In an emergency medical situation and if the first aid and/or other medical treatment while be necessary. In such circumstances, I uncontact me.	: Is as in Part A of the Agreeme rer regarding my Young Perso ne need arises, I give my conso ch in the opinion of a qualified	ent for administration of medical practitioner may		
Any specific medical condition or disability, ( Refer to "Notes for Form Completion" Para 2):  Yes No D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following  1. I have read and fully understand the detail Archery Club and the Parent/ Guardian/Ca  2. In an emergency medical situation and if the first aid and/or other medical treatment while be necessary. In such circumstances, I uncontact me.  Print Name:  Signed:	: Is as in Part A of the Agreeme rer regarding my Young Perso ne need arises, I give my conso ich in the opinion of a qualified inderstand that, all reasonable	ent for administration of medical practitioner may steps will be made to		
Any specific medical condition or disability, (Refer to "Notes for Form Completion" Para 2):  Yes  No  D  Details of medication required: (e.g. pain relief/inhaler etc. PLEASE NOTE: any medication must be self medicated)  By signing below you are agreeing to the following  1. I have read and fully understand the detail Archery Club and the Parent/ Guardian/Ca  2. In an emergency medical situation and if the first aid and/or other medical treatment while be necessary. In such circumstances, I uncontact me.	: Is as in Part A of the Agreeme rer regarding my Young Perso ne need arises, I give my conso ich in the opinion of a qualified inderstand that, all reasonable	ent for administration of medical practitioner may steps will be made to  Date:		

young person.





# Young Archers Code of Conduct

## **Young Archers**

Having FUN, a POSITIVE ATTITUDE and GOOD SPORTSMANSHIP are the most important things for young archers. The Young People's Code of Conduct applies to all young people.

## **Expected minimum standards of behaviour and conduct**

As a young archer I will:

### Respect my sport

- o Be on time and be polite
- o Try my hardest and do my best
- o Play fairly I won't cheat
- Accept success and failure, victory and defeat, with dignity
- Respect archery facilities and equipment

## Respect others

- Listen and respond to my coach
- Respect the decisions of officials
- o Control my emotions verbal or physical abuse is not acceptable
- Never bully, spread rumours or tell lies (including social media e.g. Facebook)
- o Protect other archers from abuse and bullying
- Welcome new young people
- o Make sure I tell my coach/parents if I think another person needs help

## Have self-respect

- Take responsibity for my actions
- Never smoke, drink alcohol or take drugs (other than prescription)
- Never use inappropriate language or gestures
- o Tell someone I trust if the behaviour of others makes me uncomfortable

## **Breaking the Code of Conduct**

By joining Archery GB, You are agreeing to stick to this Code of Conduct and all of the Archery GB policies, rules, regulations and procedures.

If you break the Code of Conduct your parents may be informed and your behaviour might be investigated and disciplinary action might be taken.

Extract from the Code of Conduct, Young Archers, OPP-06b-01