

# ARCHERY GUYANA

## Junior Membership Application Form

PLEASE PRINT OR USE BLOCK LETTERS



Sex Male..... Female.....	Applicant First Name                      Other Names                      Last Name  Ms Mas .....
Mother's Name                      First                      Middle                      Last Name  Ms Mrs .....	
Father's Name                      First                      Middle                      Last Name  Mr. .....	
<p>“We are the parents of the Junior Member Applicant hereby give unconditional consent for our child to be a member of Archery Guyana Inc. and participate in Archery Guyana’s events accompanied by any of the two identified members named herein. We further consent to them undertaking all responsibility for our child in our absence.”</p> Signature: Mother.....                      Father.....	
Date of Birth of Applicant ..... / ..... / ..... Day / Month / Year	Residential Address ..... ..... Country.....
School / Institution .....                      School Address ..... Course of Study .....	
Mobile Telephone.....                      Home Telephone..... Parent's Home Telephone.....                      Email Address.....	
Briefly state the reason(s) you are applying for membership to Archery Guyana.	

If an emergency arises please indicate a person to contact and their details.	
Do you have any health conditions?  If Yes, please list.	

**Applications not signed or received without the following articles will not be processed.**

- Kindly verify each article is included by placing your INITIALS in the box provided.

- Copy of applicant's birth certificate
- Copy of parent's ID (National ID card/Passport)
- Recent passport sized photograph of applicant
- \$10,000, Application fee (Non-refundable)

<b>OFFICIAL USE ONLY</b>	
Form Verified By: _____	Photo ID Attached: _____
Received Fees: _____	Date received: _____

**Consent**

I hereby unconditionally consent to abiding by all the Rules, regulations and Constitution of Archery Guyana Inc. I further agree to participate in Archery Guyana's events and accept and fully undertake all responsibility for my own care and conduct before, during and after any of Archery Guyana's activities/events.

Signature .....

Print Name(s): \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_  
Day / Month / Year