



**PARENT / GUARDIAN DECISION for ARCHERY**

(Name of Scout) .....

I have noted the arrangements for archery.

I give permission

*(Please tick whichever box is appropriate)*

I do not give permission

Please state if your child has a disability or condition relevant to this activity

.....

Please indicate details of any medical treatment s/he is receiving at the moment

.....

(Name of parent / guardian printed) .....

(Signature of parent / guardian) ..... Date .....