



The Castle Archers UKRS Vegas 23rd February 2020



Date: Sunday 23rd February 2020
Venue: Newcastle Emllyn Leisure Centre, SA38 9LN
Round: Vegas, Double Vegas (UK Record Status)

Session A

Equipment Inspection: 9.30am
Practice: 9.45am

Session B

Equipment Inspection: 1.00pm
Practice: 1.15pm

Judges: Phil Bailey, TBA
Lady Paramount: TBA
Entry Fee: £10.00 senior, £8.00 junior (£18/£14 Double)
Dress: GNAS Dress Regulation or Club Colours only
Closing Date: 17th February 2020 (Late entries subject to availability)

- Membership:** All entrants must be members of the Archery GB (GNAS) or a WA associated organisation. Archers may be asked to produce membership cards before registration.
- Drug testing:** Record status shoots are liable to drug testing, competitors approached to give samples must comply. Refusal to comply will be treated as a positive result for an illegal substance. Archers must sign the entry form to signify their consent.
- Photography:** Any person wishing to take photographs must complete a GNAS photography registration form (attached) & send it to the tournament organiser before the closing date.
- Juniors:** Parents/guardians of junior archers must sign the entry/consent form to signify consent to their child being drug tested if approached. All juniors under the age of 16 must be supervised.
- Target List/Results:** If you wish to receive a target list and results please enclose your email address.

Completed entry forms should be sent with cheques made out to **The Castle Archers**, to:
Ms. Jill Perry, Felin Cwrrws Farm, Henllan, Llandysul, Ceredigion, SA44 5TR. Tel: 01559 371272.
E-mail: jillycox123@gmail.com

See below to pay by Bank Transfer. If paying by this method, please e-mail a photo/scan of your entry form to the organiser at the e-mail address above.

Donations of prizes for the raffle will be greatly appreciated.

Disclaimer: Archers and spectators are reminded that they attend this event at their own risk and neither The Castle Archers nor Carmarthen County Council will accept any liability for loss damage or injury to persons or equipment while attending this event.

The Castle Archers Annual Vegas Shoot – February 23rd 2020

Title	Name	Club	D.O.B if Junior	Archery GB No.	Bow Style	Session A or B	ARCHER'S SIGNATURE For drug test consent (Parent or guardian if junior)	Special Needs? e.g. WCH/VI	Fee

Please make cheques payable to **The Castle Archers** or pay via EFT to sort code **54-10-26**, account **47732067**.

Total Fee:

Please provide contact details...

Club:
Name:
Address:

Telephone Number:

E-mail:

Data Protection: *When you enter competitions the above information may be collected and shared with tournament organisers, scoring systems and other competitors for example target lists and results may be published: First Name, Surname, Gender, Bow style, Date of Birth / Age category, Email, Address, Phone number, Club (and ID), County (and ID), Region (and ID), Round (unless defined by age), Disabled (Y/N), Disability info.*



APPENDIX F: PHOTOGRAPHY/VIDEO/FILMING REGISTRATION FORM

The Grand National Archery Society Protection of Children and Vulnerable Adults Policy Use of Photographic/digital/video and Filming Equipment

The GNAS Protection of Children and Vulnerable Adults Policy requires that any person wishing to engage in any type of photography, filming or videoing at any event, must register their intent with the event organiser.

Please complete the information and request a senior club official sign the form to validate your identity and intentions:

Name of Applicant _____

Address _____ Post Code _____

Tel No _____ GNAS Membership Number _____
(if applicable)

I declare that the purpose of videoing, filming, or photographing at a GNAS event is for coaching or family use and that I will not in any way use or alter or permit the use of or altering of images for inappropriate use.

Signed by the applicant _____ Date _____

I can confirm that the identification details above are to my knowledge correct and the applicant is associated with

Name of Club _____

Participant's Name/s _____

Name of Senior Club Official _____

Signature _____

Date _____

PLEASE RETURN THIS FULLY COMPLETED AND SIGNED FORM TO THE EVENT ORGANISER FOR INCLUSION ON THE EVENT PRE-REGISTRATION LIST. Note: Individuals must still register at the event registration desk and must show proof of identity.

GNAS: The Protection of Children and Vulnerable Adults Policy January 2003