

GAA Senior Indoor Championship 2023 UKRS			
Sunday February 19th 2023			
Venue	Llantrisant Leisure Centre, Southgate Park, Llantrisant, CF72 8DJ		
Round	WA18		
Lady Paramount	TBD		
Judges	Senior Judge Karen Macey, with Martin Prismick, Catherine Downer (candidate)		
Session A (am):- Kit Inspection: 08:50 Assembly: 09:00, Sighters: 09.15am			
Session B (pm):- Kit Inspection: 12:50 Assembly: 13:00, Sighters: 13.15am			
Entry fee:-	£12.00		
Closing Date:-	5th February 2023 unless full prior to this date.		
Tournament Organiser:	Richard Downer 5 Crawford Close, Gwaun Miskin, Beddau, R.C.T., CF38 2SD		
	Tel: 07976 960095 e-mail:- rdowner1@gmail.com		
Payment	Either by Cheque: made payable to: RJD Archers with names of Archers + AGB No + GAA on back.		
	Please send with your entry to Tournament Organiser		
	Or Bank Transfer:	HSBC Bank,	Account Name: RJD Archers
	Sort Code: 40-44-48	Account No.: 41514385	with "AGB No. "GAA + your name"" as reference.
	Check with Tournament Organiser, that there are spaces available, before transferring payment.		
GDPR:- When you enter competitions the following 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.			
Dress Code:- Competitors must conform to GNAS dress regulation (Rule 307) or Club Colours.			
Eligible Participants. Only members and affiliated members of Archery GB (GNAS) or WA (FITA) associated organisations are permitted to shoot at this tournament. Competitors may be asked to produce membership cards before registration. All juniors must be supervised by a parent/legal guardian at all times.			
Disclaimer:- Neither Glamorgan Archery Association, RJD Archers or Llantrisant Leisure Centre can accept liability for loss or damage to person or equipment, however caused			
Photography: Any person wishing to engage in any video, zoom or close range photography" MUST complete a Archery GB (G.N.A.S.) photography registration form & send it to the tournament organiser BEFORE the last date of entry. See attached form "last page"			

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Round:- WA18

Title	Gender	LH/RH	Name	AGB No.	Club	Bow Style	Session am or pm	Special Needs? e.g. WC, Stool, VI	Archers Signature for drug testing consent.	FEE/ Payment Method

Able bodied Archers	Indicate if you are NOT prepared to collect/score arrows for disabled archers.	YES / NO (circle)
Disabled Archers Please State your Needs	Are you able to move on and off the Line in the time allowed?	YES / NO (circle)
	Do you intend to bring an assistant/agent?	YES / NO (circle)

Record Status:- Record status shoots will be liable for drug testing and competitors approached to give samples must comply, if they refuse, that refusal will be treated as a positive result. Junior Entries must be signed by a parent/ legal guardian.

Club	
Name	
Address	
Telephone Number	
E Mail Address	



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

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

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