



Reimagine, Reignite , Rebuild

### Section 1: Personal Information

Full Name:

---

Date of Birth (DD/MM/YYYY):

---

Gender: ☐ Male ☐ Female ☐ Prefer not to say ☐ Other: \_\_\_\_\_

Nationality:

---

### Section 2: Contact Information

Phone Number:

---

Email Address:

---

Home Address Line 1:

---

Home Address Line 2:

---

### Section 3: Membership Type

☐ Athlete ☐ Coach ☐ Judge ☐ Volunteer ☐ Club Representative ☐ Parent/Guardian

(Youth Members) ☐ Other: \_\_\_\_\_

### Section 4: Emergency Contact

Name:

---

Relationship:

---



Reimagine, Reignite , Rebuild

Phone Number:

---

### Section 5: Club Affiliation

Club Name:

---

☐ I am not affiliated with any club

### Section 6: Medical Information

Do you have any medical conditions the Federation should be aware of? ☐ Yes ☐ No

If yes, please specify:

---

### Section 7: Consent and Declaration

☐ I agree to abide by the rules and regulations of the Bahamas Archery Federation and World Archery.

☐ I consent to the use of my image or name for promotional, educational, or reporting purposes.

Signature:

---

Date (DD/MM/YYYY):

---

(If under 18, parent/guardian signature is required)

Parent/Guardian Signature:

---

### FOR OFFICIAL USE ONLY

Membership ID:

---

Date Received:

---



Reimagine, Reignite , Rebuild

Registration Fee Paid: ☐ Yes ☐ No

Approved By:

---

Notes:

---