



Kent Young Ringers: Parental Consent Form

Kent Young Ringers are welcome to attend practices (usually on one Saturday a month) and outings during the school holidays. These are arranged by the KCACR Youth Officer and are advertised on the KCACR Website, on the Kent Young Ringers Facebook page and by email invitations to parents and young ringers. Outings may include a picnic or visit to a tea room or similar venue.

Please complete and return the following form which will cover practices and outings throughout the present school year, including team practices for regional and national youth contests. *(A separate permission form will be necessary for participation in actual contests.)*

Note: All activities will be run in accordance with the Kent County Association's safety rules. No responsibility for personal equipment/clothing and effects can be accepted by the organisers and the Association does not provide insurance cover in respect of such items

Full name of young person:	Date of birth:
Young person's mobile phone number:	
Name of emergency contact 1	Home phone: Mobile phone:
Name of emergency contact 2	Home phone: Mobile phone:
Home Address:	
Email Address:	
<u>Details of any disabilities, conditions, allergies, special needs or cultural needs of which we should be aware:</u>	<u>Details of any current medical concerns, with medication and GP details as appropriate:</u>
<p>Please ask young person to ensure organiser is aware at the beginning of every meeting</p>	

- *I give my permission for the above-named young person to take part in the monthly practices and outings as arranged by the KCACR Youth Officer. I understand what is involved and I am aware of the hazards present.*
- *I give permission for photographs to be taken for use in tower, District and KCACR publications, websites and Kent Young Ringers' Facebook page.*
- *If it becomes necessary for the above-named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the group leader to sign any document required by the hospital authorities.*

Signed:	Date:
Relationship to young person:	