Kent Young Ringers & Kent MINI-Ringers: Parental Consent & GDPR form 2026/27

Practices, outings and Quarter peal attempts for Kent Young Ringers and Kent MINI-Ringers are held throughout the year. District-focussed practices are also held. These are all organised and run by the Youth Officer and / or District Youth Coordinators. Details of all events are published in the Annual Programme, on the KCACR website, the Kent Young Ringers' and MINI-Ringers' Facebook & Instagram pages and emailed to Parents/Carers and young ringers.

The KCACR would like to keep you informed of ringing activities suitable for Kent Young and MINI-Ringers. The privacy of all Kent Young and MINI-Ringers is important, and your consent is needed to communicate with you about ringing and ringing activities, in accordance with KCACR Safeguarding and Privacy policies which can be found at https://kcacr.org.uk/association/safeguarding/resources/
The Youth Officer will store, use and erase the information provided on this form, in compliance with GDPR guidelines.

Please complete and return this form and confirm your consent in the Yes / No options below. This covers practices, quarter peal attempts, outings during school holidays and 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 KCACR Health & Safety policy: https://kcacr.org.uk/wp-content/uploads/2024/03/KCACR-Health-Safety-policy-2024.pdf
No responsibility for personal equipment/clothing and effects can be accepted by the organisers. The KCACR does not provide insurance cover in respect of such items.

Full name of Young Ringer:	Date of birth:	Age on 31st Aug 2027: years months
Young Ringer's email:		Young Ringer's mobile:
Home address:		
Parent/Carer Emergency Contact 1. Name: Email:		Mobile/Home phone:
Parent/Carer Emergency Contact 2. Name: Email:		Mobile/Home phone:
Does the young ringer have any current medical concerns? YES / NO If YES, please give FULL details overleaf with a list of any medication and GP information		
Does the young ringer have any disabilities, conditions, allergies, special needs or cultural needs? YES / NO If YES, please give appropriate details overleaf		
All information provided on this form remains confidential and on a "need to know" basis only.		

Parent/Carer / Young Ringer over 18 - please confirm your consent to one or more of the following (Please delete Yes / No as appropriate):

Yes / No I would like to receive communications by email.

Yes / No I consent to the above-named Young Ringer receiving communications by email and for these contact details to be shared with the Association Youth Officer and District Coordinator(s) for the purposes of communication about ringing activities referred to above. (Parents/Carers of all under 18's, and those aged 18 but still at school and involved in KYR activities and events, are copied into all email correspondence.)

Yes / No I consent to the above-named Young Ringer receiving communication via closed social media sites such as WhatsApp. (Parents/Carers are also copied in).

Yes / No I understand that Young Ringers over the age of 13 may choose to join the Kent Young Ringers' Facebook & Instagram pages (similarly the KCACR and District Facebook pages)

Yes / No I also give my permission for the above-named Young Ringer to take part in events for Kent Young and MINI-Ringers as outlined above. I understand what is involved and I have read the KCACR Health & Safety Policy: https://kcacr.org.uk/wp-content/uploads/2024/03/KCACR-Health-Safety-policy-2024.pdf

Yes / No I give permission for photographs and video to be taken of my child/ward. These may be used in appropriate local and national print, on-line publications and social media sites. This may include, but is not limited to, the KCACR website, District newsletters and The Ringing World.

Yes / No If it becomes necessary for the above-named Young Ringer 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 (or nominee) to sign any document required by the hospital authorities.

Name of Parent/Carer/Young Ringer over 18 years:	Signature:
Relationship to the (under 18) Young Ringer:	Date:

KCACR Youth Officer August 2026 - Jennifer Thomas
Email: youthofficer@kcacr.org.uk Mobile: 07908 413 868