

YORKSHIRE ASSOCIATION OF CHANGE RINGERS
Child Protection Procedures

Consent For Young Person (under 18 years) To Ring

The Association is organising an event comprising

This will be held at _____ starting on (date) _____ at (time) _____
Ending on (date) _____ at (time) _____

The cost per attendee will be:

Parent/Guardian please complete:

I give consent for.....(Young Person's Name) to attend this event. I understand that during it he/she will be under the care and control of adults approved by the Association, and that while such adults will take all reasonable care, they cannot necessarily be held responsible for any injury, loss, or other disadvantage suffered therein.*

I consent to any emergency treatment necessary during this event, and authorise the responsible adults to sign on my behalf any written form of consent required by medical authorities should any operation or treatment be necessary, always provided that efforts to secure my consent would be deemed to cause delay likely to endanger his/her health and safety.

The participant suffers from.....and requires regular treatment.*

The participant's doctor is:

Name.....Tel.....

Signed.....Parent/Guardian* Date.....

Name of Parent/Guardian:.....

Address:.....

Telephone Daytime.....Evening.....

Mobile.....

*Please delete as appropriate

Please return this form to:.....By (date).....