YCRA: Consent form

In accordance with our safeguarding policy and to keep you safe at YCRA events, you or your parent’s (if you are under 18) consent is needed. All the data collected in our form will be processed in accordance with our Privacy Policy, which can be found at: www.ycra.org.uk/documents.php

**Please complete and return this form by email** and confirm your consent in the tick boxes below. This covers all our events throughout the year. No responsibility for personal equipment/clothing can be taken by the organisers.

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| Full name of member:  | Date of Birth:  |
| Email address: |
| Parent/Carer/Emergency contact name:Email Address: | Emergency Contact Mobile: |
| Is the member over the age of 18? YES/NO |
| Does the member have any current medical concerns? YES/NO If yes please provide full details below with a list of any medication and GP information: |
| Does the member have any disabilities, conditions, YES/NO If yes please provide appropriate details below:allergies, special needs, or cultural needs? |

**Please confirm your consent to one or more of the following (Please tick):**

* I give permission for the above-named member to take part in events for the YCRA. I understand what is involved and am aware of any potential hazards.
* I give permission for photographs to be taken, which may include the above-named member, for use in tower, on the YCRA website and social media, on the CCCBR website and social media and in the Ringing World, which is a magazine which reports details of ringing events and achievements.

**If member is under 18, Parent/Carer/Member over the age of 18, please also confirm that:**

* I give permission for the above-named member to be in the care of one of the YCRA’s mentors if their parent or carer is not present. This does not include travel to or from events.
* If it becomes necessary for the above-named member to receive emergency 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.

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| Name of Parent/Carer/Ringer over the age of 18: | Signature: |
| Relationship to the (under 18) member:  | Date: |

Email: contact@YCRA.org.uk

Facebook and Instagram: @ycra.official Website: ycra.org.uk