

**YORKSHIRE ASSOCIATION OF CHANGE RINGERS
WHIRLOW GRANGE RINGING COURSE**

PERMISSION TO RING

Full name of child or young person

.....

Date of birth

Address

.....

Name of parent or carer

Telephone number

Mobile

Are there any medical (eg diabetes, epilepsy) or dietary concerns that we should know about your child? (This will not preclude your child from ringing, but notification now will help in the event of a medical problem.)
Please give any relevant details below or state "none".

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- I give my permission for the above-named child/young person to take part in the normal activities of the course.
- I understand what is involved and I am aware of the hazards present.

Signature of parent or carer

Name of additional contact

Telephone (for additional contact)

Date

Please return, **before** the course, to:
Mrs D Rhymer, 6 Waltham Lane, Beverley HU17 8HB