



# Castor Ringing School Enrolment Form

Please enrol me as a Pupil at Castor Ringing School.

Name:

Forename

Surname

Are you over 18?

Yes / No If Yes, please circle one option below:

Age Range:

18-30

31-45

46-60

Over 60

Rather not say

Date Teaching started:

Email address:

Home Tower:

Dedication

Town/Village

County

Telephone number(s)

## Data Protection

I give my permission for you to store and use my data in accordance with your Data Protection Policy as detailed on your website at <http://castor.ringingschool.uk> which includes:

To be stored and used on a local and/or web-based list of Contacts.

To be stored and used on a local and/or web-based Email Distribution System.

To be stored and used on a local and/or web-based Sign-up System.

To be stored and used on SMART Ringer, the web-based system of A.R.T.

I understand that I can modify or revoke these permissions in full or in part at any time by contacting the Ringing School Administrator.

Signature of Pupil:

Signature of Parent or  
Guardian:

Date:

*If the Pupil is under 18 this form must include the signature of a Parent or Guardian and a full Consent Form must also be completed.*