



## Permission to take part in SCACR County and District events

Note: the Sussex Young Ringers' Group has separate forms

SCACR organises practices, often with refreshments, in towers across East and West Sussex, Brighton and Hove. These may sometimes involve a church service and / or business meeting and are occasionally purely social e.g. a walk.

**Full name of young person** .....

**Date of birth** .....

**Mobile number (optional)** .....

Is there anything we need to know? Medication / dietary restrictions / allergies / phobias / other?

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 .....

### Parent or Guardian's details and consent

Name .....

Address .....

Phone number ..... Mobile number .....

Email address .....

Name and mobile number of alternative contact in case of emergencies

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### Permissions. Please indicate your permission for each

<input type="checkbox"/>	I give my permission for my child to attend the group and take part in its normal activities
<input type="checkbox"/>	I understand what is involved and I am aware of the hazards present
<input type="checkbox"/>	I understand that separate permission will be sought for additional outings and activities
<input type="checkbox"/>	My child will be brought to / collected from the group by a parent or known adult
<input type="checkbox"/>	My child has permission to travel to / from the group alone or as part of a friendship group

### Photography permission

We may like to video / photograph your child at the tower. We follow national guidelines and only use first names for all under 18s in any use of photography. We only post on social media AFTER the event. These are to be used for the following purposes (please indicate your permission for each):

<input type="checkbox"/>	Training (videos will be deleted immediately after use / feedback has been given)
<input type="checkbox"/>	Publicity (parish publications, local press, Sussex County Association of Change Ringers publications, Ringing World)
<input type="checkbox"/>	Website (parish website and scacr.org)
<input type="checkbox"/>	Social media

**Signature of parent or guardian** .....

**Date** .....