This form can be downloaded from [https://www.scacr.org](https://www.scacr.org/documents/safeguarding/permission-to-ring-church-bells.pdf)

| Permission to ring church bells at………………………………………………………………….. |  |
| --- | --- |

This group practices on …………………………………………….. at ………………………….. until ……………………………….…..

And rings for services on Sundays at …………………………… until …………………………….……….

**Full name of young person …………………………………………………………………………**

**Date of birth ………………………….**

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

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

………………………………………………………………………………………………………………………………………………………………………….…………………………

………………………………………………………………………………………………………………………………………………………………………….………………………..

**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

……………………………………………………………………………………………………………………………………………………………………….………………………….

**Permissions.** Please indicate your permission for each

|  | I give my permission for my child to attend the group and take part in its normal activities |
| --- | --- |
|  | I understand what is involved and I am aware of the hazards present |
|  | I understand that separate permission will be sought for additional outings and activities |
|  | My child will be brought to / collected from the group by a parent or known adult |
|  | 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):

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

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

**Date …………………………………………..**