



Lancashire Association of Change Ringers
Bolton Branch

Permission to Ring

Church

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 have been shown and understand what is involved in bell ringing and I am aware of the hazards present and the need for physical intervention if necessary.
- I give my permission for the above child/young person to take part in normal bell ringing activities of the group and understand that separate permission will be sought for outings and activities outside normal times and at other locations.
- Unless otherwise advised, I undertake to deliver and collect the child/ young person from these activities.

Signature of parent or carer Date

Name of additional contact Contact number

Tower Captain (name) Contact number

Tower Captain (signature)