



# Castor Ringing School

## Permission for a Child or Young Person to Ring Church Bells

Full Name of Child or Young Person  
in BLOCK CAPITALS

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Date of Birth

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Age

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Home Address

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Parent / Guardian's

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Telephone: Home

Work

Mobile

Email: Parent

Child

### Second contact in case of emergency

Name

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Relationship

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Telephone: Home

Work

Mobile

Are there any medical (e.g. diabetes, epilepsy) or allergies that we should know about? (This will not preclude the child / young person from ringing, but notification now may help in the event of a medical problem.)

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Is your child currently vaccinated against Tetanus YES/NO

Still photographs may be taken during teaching sessions which may be used for publicity or on social media.  
If you do **not** wish photographs of your child to be used in this way, please tick the box on the right.

### Declaration

- I give my permission for the above-named person to take part in the normal activities of Castor Ringing School.
- I understand what is involved and I am aware of the hazards present.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal training times.
- I understand that during the teaching process occasional hand contact may be used.
- I understand that for teaching purposes video may occasionally be used but will not be retained.
- I give my permission for the above-named person to be registered on the Castor Ringing School and A.R.T. local and/or web-based systems using his/her own email address.

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Name of Parent or Legal Guardian  
in BLOCK CAPITALS

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Signature

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Date