

**BEDFORDSHIRE ASSOCIATION OF CHURCH BELL RINGERS  
CHILD REGISTRATION RECORD (Feb 2012)**

We recommend that you use this form for all under 18s even if they're not Association members.

<b>Return this completed form to:</b>	<b>Date completed:</b>
<b>Church:</b>	<b>District: Bedford / Biggleswade / Luton</b>
<b>Tower Captain:</b>	

<b>Child's name:</b>	<b>Known as:</b>
<b>Date of birth:</b>	<b>Aged 18 in the year:</b>
<b>School:</b>	<b>Year group:</b>
<b>Home address:</b>	<b>Alternative home address:</b>
<b>Post code:</b>	<b>Post code:</b>

<b>Parent / guardian contact details</b>	<b>Parent / Guardian 1</b>	<b>Parent / Guardian 2</b>
<b>Name / relationship</b>		
<b>Address</b>		
	<b>Post code:</b>	<b>Post code:</b>
<b>Home phone</b>		
<b>Mobile phone</b>		
<b>Work phone</b>		

<b>Health and well being information, please give details of:</b>	
Health conditions, including disability or known allergies	
Regular medication taken	
Date of last Tetanus immunisation	
Special dietary requirements	
Any particular likes, dislikes, phobias or fears	
Any other relevant information	
Registered Doctor (name, address and telephone number)	

**Parent / Guardian permission to ring.**

I understand that, in order to comply with this church's child protection policy and The Bedfordshire Association of Church Bell Ringers (BACBR) Safeguarding Guidelines, it's necessary for my child's details to be kept on databases belonging to the church and BACBR. I understand that the databases are only used by the church and BACBR and that data will not be passed to anyone else, except in the case of an emergency where my child may be at risk.

I give permission for my child's name to put on the tower register and to sign the attendance book at BACBR district and association meetings.

I understand that this form will be retained by the Tower Captain and a copy will be given to the Bedfordshire Association of Church Bell Ringers Safeguarding Coordinator.

I give my permission for my child to attend bell ringing and to take part in any organised ringing activities such as outings to other towers, including travelling to and from ringing.

I accept that I am responsible for:

- Transporting my child to and from the church for bell ringing; I understand that the church bell ringers aren't responsible when my child leaves the church.
- Agreeing to transport arrangements when my child goes to other ringing practices, ringing meetings or social activities away from the home tower.

**Please confirm your consent by signing below.**

**Signed**

**Date**

If it becomes necessary for my child to be given urgent medical treatment and I can't be contacted by telephone or any other means to authorise this, I give my general consent to any medical treatment judged to be necessary and urgent by a medical practitioner and I authorise the person in charge to sign any document required by hospital or other authorities.

**Signed**

**Date**