

BEDFORDSHIRE ASSOCIATION OF CHURCH BELL RINGERS

YOUNG RINGERS GROUP

FULL NAME OF YOUNG PERSON

DATE OF BIRTH

ADDRESS

.....

NAME OF PARENT/CARER.....

TELEPHONE NUMBER.....MOBILE

EMAIL ADDRESS.....

Are there any medical (e.g. 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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Parent permission to ring.

I understand that, in order to comply with the 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 BACBR. I understand that the databases are only used by the 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 understand that an attendance register will be kept by the Association for all Young Ringers events.

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

I give my permission for the above-named young person, if selected, to take part in the Annual National Young Ringers competition organized by the Ringing World.

I agree that any official photographs taken at any meetings or at the Ringing World Competition may be published by the Ringing World and may be used for associated publicity purposes, both by the Ringing World and the Bedfordshire Association.

Please confirm your consent by signing below.

Signed **Date.....**

Relationship to Young Person