

# Permission to Ring Form

(Children, Young People & Vulnerable Adults)

St Mary and All Saints Church

Church Lane

Whalley. BB7 9SY

email: [bellringers@whalleypc.org.uk](mailto:bellringers@whalleypc.org.uk)



Please fill out the permission to ring form below, either directly on your computer, or in writing. This information will be stored securely and used to contact you as part of our normal bell ringing activities.

Full name of child / young person/ vulnerable adult: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name of parent or carer: \_\_\_\_\_

Role: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address (Parent / Carer): \_\_\_\_\_

Email address (Child / VA): \_\_\_\_\_

Travel arrangements: \_\_\_\_\_

Are there any medical (eg diabetes, epilepsy) or dietary concerns that we should know about?

This will not preclude them from ringing, but notification now will help in the event of a medical problem.

Please give any relevant details below or state "NONE":

- I give my permission for the above-named person to take part in the normal activities of Whalley Bellringers.
- I have been shown and understand what is involved in bell ringing 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 meeting times.
- I understand that during the teaching process, occasional hand contact may be used, and that there will normally be another adult present.
- I understand that for teaching purposes video may be used occasionally but will not be retained.
- I give my permission for the above named person to be registered on the Association of Ringing Teachers online system to allow access to ringing resources and monitoring progress. <https://bellringing.org/>  
I would prefer my own [ ] or my child's [ ] email (tick one as appropriate) to be used for this purpose.

Signature of parent or carer\*: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_

\* Signing and saving this form using Adobe Reader fill & sign will lock the fields and prevent further editing.