

Sonning Deanery Branch of the Oxford Diocesan Guild of Church Bell Ringers
CHILD REGISTRATION RECORD for Bell Ringers

Question	Response
CHILD DETAILS – Name <i>Please underline the first name the child is called by</i>	
Date of birth	
Child's email address <i>For access to ringing educational website</i>	
School, National Curriculum year group	
Address	
CONTACT Parent/Guardian's email	
Parent/Guardian's home phone	
Parent/Guardian's work telephone	
Parent/Guardian's mobile	
A close relative/friend for use in an emergency. <i>Please give their name, relationship and phone</i>	
Whilst in our care it is important we know whether your child - Suffers from any phobias, disability or known allergies? Is on any medication? Has been immunised against Tetanus within the last ten years? Has any health condition we should know about? Has any special dietary requirements? Has any particular likes, dislikes or fears. Registered GP (name, address and telephone number)	
YOUR DETAILS Parent/Guardian name Signed Date	

I understand that to assist in the keeping of a register to comply with the Child Protection Policy it is necessary to keep details on the database belonging to the Sonning Deanery Branch (the "branch") of the Oxford Diocesan Guild of Church Bell Ringers. I understand that the database is only used by the branch and authorised tutors of the branch and that data will not be passed to a third party, except in the case of an emergency where my child may be at risk.

I understand that the original copy of this form will be retained by the Leader of the bell ringing and only passed to his/her deputy in the event of him/her being absent from a bell ringing session.

I give my permission for the child named below to attend bell ringing and to take part in any organised activity such as outings to other towers. (All ringing activities, including travelling to and from ringing, are covered by the insurance policy of the Oxford Diocesan Guild of Church Bell Ringers for members of the Guild, and learners are covered whilst they are ringing under the instruction of a Guild member. All activities have been approved by the branch.)

I agree to photographs and short videos of activities including my child to be taken for use within the church and ringing communities and for possible publication including newspaper or internet.

I accept that I am responsible for transporting my child to and from the church for bell ringing, and that the group leaders are not responsible when my child leaves the church.

List any special instructions that we should be aware of:

.....
.....

Please confirm your consent by signing below.

Signed

Date

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

Signed

Date

Additional permission for other ringing activities.

I also understand that when my child has reached a sufficient standard of proficiency in bell ringing, he/she might find it beneficial to attend ringing events in other towers that are not part of the organised activities of the Sonning Deanery Branch.

I give my permission for to make such visits and I accept that I am responsible for transporting my child to and from the venues for these activities, and that the group leaders at these events are not responsible when my child leaves the tower.

Signed

Date

(**Note:** The young person when attending these other events should carry a copy of this permission form together with the list of contact numbers and any relevant medical information.)