

Oxford Society of Change Ringers

Permission To Ring

Full name of child _____

Date of birth _____

Address _____

Name of parent / guardian _____

Telephone _____ Mobile _____

Name of additional emergency contact and number _____

Medical declaration:

Are there any medical conditions (eg. diabetes, epilepsy) or dietary concerns that we should know about your child? Please give relevant details below or state "none"

(This will not preclude your child from ringing, but prior knowledge may help in the event of a medical problem)

Permission:

I have been shown and understand what is involved in bell ringing and I am aware of the hazards present and the need for physical intervention if necessary. I give my permission for the above child to take part in normal bell ringing activities of the group.

I have been shown and understand the additional hazards involved with ringing at Merton College Chapel, and I give permission for the above child to take part in normal bell ringing activities at this tower. YES / NO

I consent that the full name and e-mail address of the above child may be held by the Oxford Society of Change Ringers for the purpose of communicating the details of the upcoming activities of this group. YES / NO

E-mail address of child _____

Unless otherwise advised, I undertake to deliver and collect the child from these activities.

Signed _____ Date _____