



**Central Council of Church Bell Ringers**  
Registered Charity No:270037  
**Tower Stewardship Committee**

**Adult Recruit Registration Form**

Church.....

Full name

.....

Date of birth.....

Address.....

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Name of next of kin.....

Contact number:.....Mobile:.....

Name of any additional contact and number.....

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Medical declaration: Are there any medical conditions (e.g. diabetes, epilepsy) or dietary concerns that we should know about you? (This will not preclude you from ringing, but notification now will help in the event of a medical problem). Please give relevant details below or state "none":.....

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Declaration: 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.

Signed.....

Date.....

Signed tower leader.....

Name and contact number.....

Copies to be retained by tower leader and recruit