



PARENT / GUARDIAN CONSENT FORM

Child photo / video consent

We would be grateful if you would fill in this form to give us permission to take photos of your child and use these in our printed and online publicity.

I give permission to take photographs and / or video of my child. Yes NO

I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the clubs aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of child _____

Name of parent / guardian _____

Signature of parent / guardian _____

Date _____

My child has Medical Condition/Allergy etc. Yes Please Specify _____

No **If this changes manager must be notified.**

Receive text / emails consent

I give permission to receive texts and emails about fundraising events and clubs quarterly newsletter

Yes NO

Phone number _____

Email _____

If you would like more information on how to get involved

If you would like to be contacted in relation to Flag days, behind the scenes on match day, or join our coaching staff , or in any other way (please state) _____

Please tick