ST. PAUL'S BOXING ACADEMY CIO

PARENTAL CONSENT FORM [Photography] CONFIDENTIAL

ATHLETE

FULL NAME OF ATHLETE: DOB:

HOME ADDRESS:

CLUB: REGISTERED No:

PARENT / GUARDIAN

FULL NAME OF PARENT / GUARDIAN: RELATIONSHIP:

HOME ADDRESS:

ALL 24 Hr CONTACT NUMBERS: [HOME}: [WORK]: [MB]:

DECLARATION

DO YOU GRANT AUTHORITY **YES / NO**
Up to and including the child's 17th Year

DECLARATION

DECLARATION BY PARENT / GUARDIAN

I have been made aware of ST. Paul's Boxing Academy CIO 'Child Protection Policy' and its reference to Photography of Children & Young People [Under 18 years of age].

I fully understand that all photographers including others using alternative visual recording media must be registered with EB as a Photographer and have undergone an EB DBS Umbrella Body check which resulted in the photographer appearing on the EB DBS Disclosure Schedule.

I agree to my son / daughter being the subject of appropriate photography and other visual media as outlined in ST. Paul's Boxing Academy CIO 'Child Protection Policy' [Photography]

I agree to correctly taken images of my son / daughter being used on appropriate St. Paul's Boxing Academy CIO/EB web site[s] publications and other appropriate media.

FULL NAME OF PARENT OR GUARDIAN: ***RELATIONSHIP:***
USE BLOCK CAPITALS PLEASE

SIGNATURE: ***DATE:***

It should be noted that this authority relates to persons filming or recording for financial gain or acting in a regular capacity of tournaments for gain or otherwise. This does not preclude the casual recording by family etc.