

SP4 – PHOTOGRAPHY & VIDEO RECORDING REGISTRATION FORM

This form should be completed by anyone wishing to take photographs or recorded images at a volleyball event, session or activity.

PERSONAL DETAILS:

Club/Organisation Associated With:

First name (s):

Surname:

Address:

Postcode:

Email address:

Daytime Tel No:

Evening Tel No:

EVENT, SESSION OR ACTIVITY DETAILS:

Event, Session or Activity Name:

Venue:

Date(s):

Please describe how the photographs or recorded images will be used.

PLEASE CONTINUE ON FOLLOWING PAGES 

DECLARATION

I wish to take photographs or recorded images during the course of the above event, session or activity. I have read, understood and agree to abide by the Volleyball England Photographic & Recorded Images Policy and confirm that the photographs and recorded images will only be used in an appropriate manner.

I acknowledge that if it is deemed that I have used the photographs or recorded images inappropriately, this may result in me being unable to use photographic equipment at volleyball events, sessions or activities in the future and that the incident may be reported to the Safeguarding Lead Officer and managed according to the Volleyball England Safeguarding & Protecting Young People Policies & Procedures.

Signed:

Date:

Print Name: