

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		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.

Declaration	
<p>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.</p> <p>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 Lead Safeguarding Officer and managed according to the Volleyball England Safeguarding & Protecting Young People Policies & Procedures.</p>	
Signed	
	Date
Print Name	