

Name of Swimmer:

CITY of SOUTHAMPTON SWIMMING CLUB

Photography Consent Form

April 2017

for the

Date o	of Birth:	
To be comp	eleted by members 18 years or over, or by parents/guar	dians of swimmers under 18 years.
	time, CSSC may wish to take photographs (individual/grobs newsletters and sponsorship/promotional reasons.	oups) of swimmers at the club for the
All photos wil	l be taken and published in line with Swim England policy	y .
The club requ	ires your consent to take and use photographs.	
•	ler 18 years, parental consent is required. a right to refuse agreement to their child being photogra	phed.
Please comple	ete the form below in respect of yourself/child(ren).	
*Please note wish to.	you can withdraw your consent in writing to the club We	lfare Officer at any time should you
	1. Take photographs to use on CSSC's secure website	Consent given □ Consent refused □
	2. Take photographs to include in newspaper articles	Consent given □ Consent refused □
	3. Take photographs for use on CSSC's notice boards	Consent given □ Consent refused □
	4. Video for training purposes only	Consent given □ Consent refused □
	5. Employ a professional photographer (suitably approved) who will take photos in competitions/club events	Consent given □ Consent refused □

I understand that in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is kept secure, accurate, up to date and is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming.

Signed :	
(Swimmer)	
Print Full Name:	
(Swimmer)	
Signed:	
(Parent/Guardian – if swimmer under 18)	
Print Full Name:	
(Parent/Guardian)	
Date:	











