

NTC Photographs & Images of Children: Club Policy & Consent Form

Navan Tennis Club recognizes the need to ensure the welfare and safety of all junior members. The Club will work to ensure that photographs, video or other images of Junior members ¹ will not be taken without the consent of the parents/guardians. The club will take all steps to ensure that such images are used solely for the purposes they are intended. If you become aware that images are being used inappropriately, you should inform the Club immediately.

The Club may wish to use photographs and video of Junior members to celebrate and promote the activity of the Club and its members.² We would be grateful if you would indicate below your wishes in terms of the use of photographs of your child. Please check one of the options:

| | |
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| Photographs and video can be included in any publications/websites/social network applications (such as Facebook) which may be used for the purpose of documenting and highlighting activities associated with Navan Tennis Club | |
| Photographs and video can only be used within the confines of the Club premises, on notice boards, in club presentations etc. | |
| No photographs or video images can be taken of my child. | |

Name of Junior member _____

Parent/Guardian (Print Name) ³ _____

Parent/Guardian (Signature) _____

Parent/Guardian Phone Number _____

Date _____

1 Junior members = members under the age of 18 years

2 Where photographic images of juniors are taken, it is the general Club policy that the child's name is not associated with the image in any publication. Exceptions to this are only permitted with the consent of the parents/guardians on a case-by-case basis if the situation arises.

3 Consent must be provided by the person with parental/guardian responsibility.

Navan Tennis Club Junior Medical Consent form

Child's Name _____

Address _____

Home Tel. _____ Age: _____

Date of Birth _____ Male/Female (Please circle)

Emergency Tel (1) _____ (2) _____

Name and relationship to child: (1) _____

(2) _____

Name and TEL of G.P.: _____

Details of any known allergies, conditions, medication being taken:

In the event of an illness, having responsibility for the above named child, I give the permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that Navan tennis Club has developed a child Protection and Good Practice Guidelines policy and they are committed to ensuring the safety of my child. (This policy is available at www.navantennisclub.ie).

Parental Consent

Signed: _____ Date: _____