



## EVENT MEDIA CONSENT FORM

By signing below, I (player name/ parent name if under 18) give permission for the player named to be involved in Crowthorne Tennis Club publicity, including photographs, recording, filming for TV, video and LTA / Tennis Foundation material. I understand that all images, film and sound recording produced are in accordance with the Recording and Publishing Images section of the Safeguarding Children and Young People Policy.

Date:		Event:	
Player	Name:	DoB:	BTM No:
Authorisation	Name:	Signature:	
Player	Name:	DoB:	BTM No:
Authorisation	Name:	Signature:	
Player	Name:	DoB:	BTM No:
Authorisation	Name:	Signature:	
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Authorisation	Name:	Signature:	