Player’s Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Player’s first name(s) |  | Player’s family name |  |

Parent/Guardian Permission

**I give permission** for photos and/or videos taken of my child (named above) to be used for publicity purposes to help promote the Chipping Norton Skater Hockey Club, or the Chippy Trixsters teams and the game of roller hockey in any media format deemed suitable and appropriate by the Club’s Committee.

I am happy for photographs and or videos of my son/daughter to be taken during activities, games and training, which will be used on the Clubs website, Facebook social media page, or the Club’s notice board.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Name |  | Parent/Guardian Signature |  |
| Date of Signature |  |  |  |

**If you do not give permission** for photos and/or videos taken of your child to be used in any format for publicity purposes, please indicate below.

Child’s name:

Parent/Guardian’s name: