Showjumping Ireland Photography/Video /Communication Permission

To be completed by Parents/Guardians



(All information supplied on this form will be treated confidentially)

Athlete Details	
Full Name	
SJI Membership No	
Date of Birth	
Parental/Guardian De	tails
Full Name	
SJI Membership No	
Current Address	
Phone	
Email address	
Parental /Guardian Co	nsent
PHOTOGRAPHY: I agree that photographs or recorded images may be taken during or at sport related activities, which may include my Child and may subsequently be used in the promotion of our Games	
I agree that photograp during or at sport relat Child and may subsequ	ed activities, which may include my Yes No
I agree that photograp during or at sport relat Child and may subsequ	ed activities, which may include my Yes No
I agree that photograp during or at sport relat Child and may subsequ Games COMMUNICATION: I wish for SJI to use gr	ed activities, which may include my Yes No
I agree that photograp during or at sport relat Child and may subsequ Games COMMUNICATION: I wish for SJI to use gr	ed activities, which may include my ently be used in the promotion of our oup text messaging relating to the participation of my son/daughter in relation
I agree that photograp during or at sport relat Child and may subseque Games COMMUNICATION: I wish for SJI to use gr to SJI activities. I wish to Self Only	ed activities, which may include my ently be used in the promotion of our Yes No Solution of the participation of my son/daughter in relation for such texts messages to be sent to My child & myself:

Showjumping Ireland Safe Recruitment Policy -

Part of Child Welfare & Safeguarding Policies & Procedures