

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 Details			
Full Name			
SJI Membership No			
Current Address			
Phone			
Email address			
Parental /Guardian Consent			
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		<input type="radio"/> Yes	<input type="radio"/> No
COMMUNICATION: I wish for SJI to use group text messaging relating to the participation of my son/daughter in relation to SJI activities. I wish for such texts messages to be sent to			
Self Only <input type="radio"/> Yes	_____ My Mobile No:	My child & myself: <input type="radio"/> Yes	_____ Child's Mobile No
Signed:		DATE	
		____/____/____	