

Shiplake Tennis & Social Club

Photography & Filming Consent Withdrawal Form

Your details (if U18 must be the parent/carer)

Name:		
Address:		
	Phone: Mobile:	Email:

Details of the child / adult (if different)

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

I give permission for the child / adult to:		
Be involved in photography and/or filming.	Yes	No
Other (please detail)	Yes	No

Name of parent/carer or adult (print):		Date	
	Signature:		

Please return to the Shiplake Tennis Club Junior Secretary