

The ENERGY CHECK LOUTH TENNIS and SPORTS CENTRE

Media Consent Form

Player Details

Name		Date of Birth	
BTM Number			

I..... (player name/parent name if under 18*) give permission / do not give permission * to be involved in publicity, including photographs, recording, filming for TV, video and LTA / Tennis Foundation material. I understand that all images, film and sound recordings produced are in accordance with the Recording and Publishing Images section of the Safeguarding Children and Young People Policy.

Signature.....

Name.....

Date.....

Competition.....

(*delete not applicable)

Remember it is the responsibility of **ALL** adults to safeguard children in sport

LTSC Welfare Officer
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