



SANDY BAY SWIMMING CLUB

MEMBER DETAILS

Swimmers Name:

Address:

.....

Date of Birth:

Sandy Bay training only

Competitive swimming

Medical conditions: Yes No

Details (if Yes):

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Parent/Emergency contact(s)

Name:

Address:

.....

Phone:

E-mail:

Release Form for Media Recording



Children love to see photos of themselves and their friends. We use photos in Sandy Bay Swimming Club brochures, newsletters and pamphlets as well as other uses, such as posting on the Sandy Bay board at the YMCA Clarence pool. Please indicate if you give permission for your child's photo to be taken for Sandy Bay Swimming Club use.

- NO**, I do not give permission for my child to be photographed.
- YES**, I do give permission for my child to be photographed.

Sandy Bay Swimming Club are on facebook, and the coach and committee regularly send emails, electronic newsletters and reminders! Our facebook page alone is used to share news, reminders, and information about the club, including your child and their achievements. Please let me know if Sandy Bay Swimming Club have permission to include your child's photo on this facebook site and all other forms of Sandy Bay Swimming Club electronic transmissions.

- NO**, I do not give permission for photos of my child to be posted on facebook and used in other Sandy Bay Swimming Club electronic transmissions.
- YES**, I do give permission for photos of my child to be posted on facebook and used in other Sandy Bay Swimming Club electronic transmissions.

Parent/Guardian
signature _____

Date _____

Please make a copy of these forms for your own records and return the original to:

Sandy Bay Swimming Club Registrar: Mrs Kellie Allie in person (or email
kallie@emmanuel.tas.edu.au)