



# PIRANHA SWIMMING CLUB



## CHILD PROTECTION – THE USE OF PHOTOGRAPHY & VIDEO

Dear Parents/Guardians,

Piranha Swim Club recognises the need to ensure the welfare and safety of all children and young people in sport.

In accordance with **Swim Ireland's Safeguarding Children Policies and Procedures 2010** & our child protection policy we will not permit photographs, video or other images of children and young people to be taken without the consent of their parents or guardians.

Piranha Swim Club will take all necessary measures to ensure these images are used solely for the purposes they are intended.

### **FORM OF CONSENT FOR THE USE OF PHOTOGRAPHS OR VIDEO**

Piranha Swim Club request parental consent (or from persons acting in loco parentis with guardianship rights) to take and use photographs of their children and for their permission\* to use these photograph within the press and other media outlets (including social media) for the purpose of promoting our swimmers, their teams and the club.

When deemed necessary our coaches may use under water cameras for the purpose of training and feedback.

Where videos are recorded they will only\*\* be viewed by the coach(s) and discussed with the swimmer so to ensure training techniques are being followed and practiced.

I consent / do not consent (*please delete as appropriate*) to Piranha Swim Clubs coaches and /or nominated persons taking photographs or recordings of:

*Block Capitals please*

**Swimmers Name(s):** (required) \_\_\_\_\_  
(Note: Use separate line for each swimmer please)

**Swimmers Name(s):** (required) \_\_\_\_\_

**Swimmers Name(s):** (required) \_\_\_\_\_

**Swimmers Name(s):** (required) \_\_\_\_\_

for the purposes of coaching and other club associated activities.

**Name of Parent/ Guardian:** (required) \_\_\_\_\_

**Email Address:** (required) \_\_\_\_\_

**Address:** (required) \_\_\_\_\_

**Contact Phone No.:** (required) \_\_\_\_\_ **Date:** (required) \_\_\_\_\_

### **NOTES**

\* This permission will remain valid for the period of membership of Piranha Swim Club

\*\* On written request a copy of the recording can be provided to the parent or guardian

**NB:** Permission may be revoked at any time but must be in writing and addressed to the Club Secretary please

**Signed:** (required) \_\_\_\_\_ **Date:** (required) \_\_\_\_\_