



NIDA Youth Photo/Media Permission Form

Child 1 Name _____ Age: ____ D.O.B: __/__/__

Child 2 Name _____ Age: ____ D.O.B: __/__/__

Child 3 Name _____ Age: ____ D.O.B: __/__/__

Child 4 Name _____ Age: ____ D.O.B: __/__/__

Address: _____

Post Code: _____

Parent's/Guardian's Name/s: _____

Contact Number: _____

Date: _____

I DO / DO NOT GIVE PERMISSION FOR PHOTOGRAPHS / VIDEOS TO BE
TAKEN DURING
YOUTH ACTIVITIES; THESE MAY BE USED FOR DISPLAY WITHIN THE YOUTH
SECTION OF THE CLUB'S INTERNET WEB SITE / SOCIAL MEDIA.
(Please delete as appropriate)

Signed: _____

Date: _____

Relationship to child: _____

Please return to Youth leaders