



## **Mid Sussex Youth and Minor Football League and Sussex County Football Association Photograph/Film Consent Form**

**Child/Young Person (please complete below)**

|                         |   |
|-------------------------|---|
| <b><u>Name</u></b>      | Agree to my involvement in the above League and County FA being photographed or filmed. |
| <b><u>Signature</u></b> |   |
| <b><u>Date</u></b>      |   |

**Parent/Carer (please complete below)**

|   |  |
|---|--|
| <b><u>Name</u></b><br><br>Consent to Mid Sussex Youth and Minor Football League and Sussex County Football Association photographing or filming the involvement of the above Child/Young Person during the season. I can confirm that this child is not subject to family, care or legal proceedings. |  |
| <b><u>Signature</u></b>   |  |
| <b><u>Print Name</u></b>  |  |
| <b><u>Relationship to Young Person</u></b>  |  |
| <b><u>Date</u></b>  |  |

**Please return to your Club Secretary as soon as possible**