

**Parent/Guardian and Young Person Permission Form for the use of Photographs and Recorded Images**

I \_\_\_\_\_ (insert parent/carer full name) CONSENT / DO NOT CONSENT (please delete) to the photographing /videoing and publication of,

\_\_\_\_\_ (name of young person) under the WRU Child Protection and Best Practice guidelines and I confirm that I am legally entitled to give this consent.

I also confirm \_\_\_\_\_ (name of young person) is not under a court order.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ (name of young person) CONSENT / DO NOT CONSENT (please delete) to the photographing / videoing and publication of images of my involvement in Rugby under the WRU Child Protection and Best Practice Guidelines.

Signature of Young Person: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach this form to your registration form and return to:

Alison Griffiths  
WWRU  
Golate House  
101 St Mary Street  
Cardiff  
CF10 1GE