



### **3 COUNTIES NETBALL LEAGUE**

#### **Agreement to Video and/or Photo record a match**

In accordance with the Duty of Care the following permissions must be obtained in the event a video recording or photographs of a 3CNL match are taken.

Match Date:	
Match Time:	
Venue:	
Year Group/Division:	
<b>Team Videoing/ photographing match</b>	
Team Name:	
Coach/Manager Name:	
Signature:	
Captain Name:	
Signature:	
Umpire Name:	
Signature:	
<b>Opposing Team:</b>	
Team Name:	
Coach/Manager Name:	
Signature:	
Captain Name:	
Signature:	
Umpire Name:	
Signature:	
<b>Approved</b>	
League Official Name:	
Position:	
Signature:	
Date:	

One copy (photo, duplicate or scan) of the completed form to be sent to the  
3 Counties Netball League Secretary ([secretary@3cnl.net](mailto:secretary@3cnl.net))