



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:	
Team Videoing/ photographing match	
Team Name:	
Coach/Manager Name:	
Signature:	
Captain Name:	
Signature:	
Umpire Name:	
Signature:	
Opposing Team:	
Team Name:	
Coach/Manager Name:	
Signature:	
Captain Name:	
Signature:	
Umpire Name:	
Signature:	
Approved	
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)