

# Paddles Development Swimming Gala Entry Form

Cheadle Saturday 25<sup>th</sup> November 2017



Name .....

Address .....

.....

Post code..... DOB .....

E-Mail Address.....

## List of Events

Please enter a time for your events if known.

Event	Time
Non-swimmer splash & Dash	No time needed
10m Front	No time needed
10m Back	No time needed
25m Freestyle	
50m Freestyle	
25m Breaststroke	
50m Breaststroke	
25m Backstroke	
50m Backstroke	
25m Butterfly	
50m Butterfly	
100m Individual Medley	

Epileptic      Yes / No (please circle)

Please return the entry form/photo consent form by **Saturday 18<sup>th</sup> November 2017** to:

Anna Lavan 4 Oak Street, Cheadle Staffordshire ST101NX



## **Paddles**

### **Photographic / Film Consent Form**

**Name of participant..... or**

**(Parent or guardian).....**

**Date of Birth of participant.....**

**Address (inc postcode).....**

.....

**Contact Telephone Number.....**

**E-mail Address.....**

Paddles would like to \*take your photograph / \*make a video of you for promotional and documentary purposes. These images may appear in our printed publications, on video, on our website, or all three.

To comply with Data Protection Act 1998, your permission is required before we take any photographs or recordings of you. Please answer the questions overleaf, then sign and date the form where shown. (Please circle answer)

1. I agree the use of my image in your own printed publications produced by Paddles Swim School for promotional and documentary purposes?

Yes    No

2. I agree the use of my image on your web-site?

Yes    No

3. I agree the recording of my image on our promotional videos?

Yes    No

4. I agree the use of my image in printed publications produced by others for promotional and documentary purposes?

Yes    No

Signature.....

Date.....

**In accordance with the Data Protection Act 1989, the information you give us will be held on our database for the purpose of supplying you with information. Please tick if you agree (    )**