



Parent/Guardian Photo Release Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the Pascack Hockey web site, including the team's Facebook page.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a sports organization do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes player names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of games and practices.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to pascack.hockey@gmail.com and such rescission will take effect upon receipt by the Pascack Hockey organization.

Check one of the following choices:

- ☐ I/We GRANT permission for a photo/image that includes this player without any other personal identifiers to be published on the team's public Internet site.
- ☐ I/We GRANT permission for this player's photo/image and name to be published on the team's public Internet site.
- ☐ I/We GRANT permission for this player's photo/image and all other personal identifiers listed above to be published on the team's public Internet site.
- ☐ I/We DO NOT GRANT permission for photo/image that includes this player to be published on the team's public Internet site.

Player's Name: (please print)

Name of Parent/Guardian:(print)

Signature of Parent/Guardian:(sign)

Relation to Player:

Date: _____