

Training Champions Volleyball Academy

Date: _____

Dear Parent:

Please be advised that during the year your child may be photographed, video tape or interview in events. With your consent, the photograph, video or interview may be reproduced and released for use by the media, newspapers, brochures, videos, television and through the internet.

Please indicate your preference below:

(Student's Name)

____ Yes, my child's photograph/video/interview may be reproduced and released for use by media.

____ No, my child's photograph/video/interview may be reproduced and released for use by media.

(Signature)

(Date)

Contact Person: _____

Phone: _____