

Athlete Media/Publication Consent

Athlete's Name: _____

Parent/Guardian's Name(s): _____

Please check one of the boxes below:

- I/We grant permission for a photo/image(s) that includes this athlete with **no name provided** to be shared with media outlets, including the Washington Township Youth Field Hockey website, audio/video communication including social media platforms such as Facebook and Twitter, school and community newspapers, public access television, and/or other local television stations.

- I/We **do not grant permission** for a photo/image of my child to be shared with any media outlet.

Signature of Parent/Guardian

Date