



Media Consent Form

I, the undersigned parent or legal guardian of _____,
A minor, give my permission for the above named individual
to have his/her photograph, video tapes and interviews to be
used in newsletters, videos and printed matter.

_____yes _____no

I give permission for these same photographs, video tapes or
interviews to be used on our website.

No names used _____yes _____no

The above statements require one parent/guardian signature
below (both parents if joint custody) and the listing of a
designated representative below:

Signature of Parent/Guardian #1 _____ Date _____
Signed

Address: Street/City or Town/State _____
Telephone _____
If applicable

Signature of Parent/Guardian #2 _____ Date _____
Signed

Address: Street/City or Town/State _____
Telephone _____