



WSMHA Media Release Form

I agree and give permission for the Whitchurch-Stouffville Minor Hockey Association (WSMHA) and/or it's representatives (coaches, managers, webmasters etc.) to include my son/daughter/player in my legal care, their name, image, or other information in the WSMHA's brochures, website pages or other media venues as outlined below.

The WSMHA is permitted to:

Record, film, photograph or videotape my child in relation to WSMHA team activities. Include their name in news articles, game summaries posted to the website, local newspaper or other media outlets.

If YES to the above, please indicated which of the following
First & Last name and jersey number
Last name and jerseys number
Jersey number only

Post their game statistics to the WSMHA website

Post team photos (game play or other team occasions) including them

Post individual photos of them (son/daughter/player in my legal care) on the team website As part of the roster or elsewhere in the WSMHA website (such as player recognition).

Players Name

Team

Season (20XX/20XX)

Parent/Legal Guardian Permission

Date:

Please return this form to your team manager. This form is valid only for the current season (Sept – May). This permission may be revoked with notice to the team Manager, Coach or the WSMHA office.