



## WSMHA MEDIA RELEASE FORM

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

The WSMHA is permitted to:

| <i>Select Yes or No for each of the following:</i> |   | YES | NO |
|--|---|-----|----|
| 1.   | Record, film, photograph, or videotape my child in relation to WSMHA team activities.   |     |    |
| 2.   | Include his/her <b>name</b> in news articles / game summaries posted to the website, local newspaper , other media outlets.<br>If YES, choose only one of the following options :         |     |    |
|  | <i>a) FIRST &amp; LAST NAME &amp; JERSEY #</i>  |     |    |
|  | <i>b) LAST NAME &amp; JERSEY # only</i>   |     |    |
|  | <i>c) JERSEY # only</i>   |     |    |
| 3.   | Post his/her game <b>statistics</b> to the WSMHA website  |     |    |
| 4.   | Post <b>team photos</b> (game play or other team occasions) including him / her   |     |    |
| 5.   | Post <b>individual photos</b> of my (son/ daughter/ player in my legal care) on the team website as part of the roster or elsewhere in the WSMHA website (such as for player recognition) |     |    |

Player NAME (please print) \_\_\_\_\_  
First Last

Player Birth Year \_\_\_\_\_

Team / Program \_\_\_\_\_

Parent / Guardian permission:

\_\_\_\_\_  
 Signature Date Season

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 and WSMHA Hockey Office.