

Gloucester County Union Photograph/Social Media Release Form



Parent/ Guardian Name: _____

Child(ren's) Name(s) _____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

Team:

Permission given to share your name, your child(ren)'s name and /or phone number and/or email with other team members. **Yes** **No**

Internet:

Permission given to use your child(ren)'s name on the Gloucester County Union Website and Social Media. **Yes** **No**

Permission given to use your child(ren)'s picture on the Gloucester County Union Website Social Media.

Yes **No**

Publication:

Permission given to use your child(ren)'s name in newsletters and/or printed newspapers

Yes **No**

Permission given to use your child(ren)'s picture in newsletters and/or printed newspapers

Yes **No**

I, the above named parent/ guardian of said child(ren), grant my approval/ disapproval as stated above.

Signed _____ **Relation to child(ren):** _____ **Date** _____