

**MEDIA RELEASE**  
**PLAYER INFORMATION FORM**



We need player and parent permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you

Please print clearly:

\_\_\_\_\_  
Name of participating player

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town/Zip EYS \_\_\_\_\_  
Team

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

**Yes – I consent.** For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use and editing thereof and release the Elizabeth Youth Soccer and its volunteers and assignees from any and all claims resulting from such use and editing in media, and use, sale, editing and release to the newspapers, radio and television stations; and use on the Internet.

**No – I do not consent**

\_\_\_\_\_  
Signature of parent or guardian date

\_\_\_\_\_  
Print Name

- PLEASE FILL OUT THIS FORM CLEARLY AND COMPLETELY.