



2017 Southwest Youth Services
Soccer Programming
PHOTO RELEASE

- ____ I grant SYS permission to use my child's picture.
____ I **DO NOT** grant SYS permission to use my child's picture.

I, hereby grant to Southwest Youth Services, Inc., the right to use the photo and/or other digital reproduction of my child, _____, or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

Child's Printed Name: _____

Address: _____

Phone:(_____) _____

E-mail: _____

I certify that I am a custodial parent and have the aforementioned rights to assign.

Parent or Guardian: _____

Date: _____

Address: _____

Phone:(_____) _____

E-mail: _____

Parent/Guardian Signature: _____