



P.O. Box 130 Leesport, PA 19533

## WEBSITE NAME & PHOTOGRAPH AUTHORIZATION FORM

Periodically the Rage Soccer Club will post team and individual news (team news, individual accomplishments, etc.) and photos (team photos, action photos, etc.) through various media outlets (newspaper, website, emails, television) for promotion and recognition of participants in the Rage SC programs. Signing of this form indicates your agreement to allow Berks Soccer Academy to use your child's name/image for these purposes. Names and images will ONLY be used for soccer program related purposes.

### CONTACT INFORMATION

Players Name: \_\_\_\_\_ Team: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### **Parent's Approval and Release**

I hereby give my consent to Berks Soccer Academy to use my son/daughter name and/or photograph for recognition, advertising, promotional purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date