



FAIRVIEW MINOR HOCKEY ASSOCIATION
BOX 2206
FAIRVIEW, AB T0H 1L0

FOIP CONSENT FORM

Player Name: _____

Name of Parent/Guardian: _____

RE: POSTING PERSONAL INFORMATION TO THE FAIRVIEW MINOR HOCKEY ASSOCIATION WEBSITE AND RELEASE OF PERSONAL INFORMATION FOR LEAGUE PURPOSES.

_____ I/We consent to the disclosure of personal information (ie name, photographs, hockey stats, awards, prizes, etc.) about the above listed player to the website of the Fairview Minor Hockey Association.

_____ I/We are aware that by giving this consent, I/We are permitting personal information about my/our child, which may be viewed by anyone who accesses the above named website and that if consent is withheld, this posting would not occur.

_____ I/We consent that any information given to the Registrar or collected by the manager of the team which my/our child plays and the coach of the team to which he/she has been assigned may be disclosed and my/our child's phone number and email address to other parents on the team in the form of a team contact list.

_____ I/We further understand that this consent is valid for one year and may be withdrawn by me/us at any time upon written notice. In the event that consent is withdrawn, I/We understand that information about our child will be removed from the website and team lists.

I/We have given this consent voluntarily.

Signed:

_____ On _____
Place of Signature *Date*

_____ *Signature* _____ *Witness*