

FOIP* Release Form for Foothills Ringette Association

*Freedom of Information and Protection of Privacy Act

Player Name: _____

Date of Birth: _____

Team Name: _____

I, _____, hereby consent to the collection, use, disclosure, and protection of my personal information as outlined in the Foothills Ringette Association 's privacy policy. This includes, but is not limited to:

- **Name**
- **Date of birth**
- **Contact information (address, phone number, email)**
- **Emergency contact information**
- **Medical information**
- **Photographs and videos**
- **Performance statistics**

This information may be used for the following purposes:

- **Team management**
- **Communication with team members, coaches, and parents**
- **Registration and participation in ringette events**
- **Publication of team rosters, statistics, and results**
- **Compliance with applicable laws and regulations**

I understand that I have the right to access, correct, and challenge my personal information. I also understand that I can withdraw my consent at any time, subject to legal requirements.

By signing this form, I acknowledge that I have read and understood the terms of this release and consent to the processing of my personal information as described above.

Signature: _____

Date: _____

Witness: _____

Date: _____