



Vegreville & District Minor Hockey Association

CONSENT TO DISCLOSE ATHLETE'S PERSONAL
INFORMATION TO OUR WEBSITE



Freedom of Information and Protection of Privacy Regulation A.R. 200/95, Section 6, as amended, Section 40(1)(d).

WEBSITE

By signing this document, I/we consent to disclosure of personal information about _____, (Name of Athlete) for **posting to the Vegreville and District Minor Hockey website, www.vegrevilleminorhockey.com**, which can be viewed by anyone who accesses this website throughout the world.

Please initial in each box. Consent only applies to the items below that I/we have **initialed** next to:

- Athletes name and team name
- Individual photographs
- Team Photographs
- Interviews
- Awards

I hereby give permission for the association to use this information for my child for all purposes as specified and initialized above. Consent is withheld on all items not bearing my/our initial(s).

I/we understand that this consent is valid for one year and may be withdrawn by me/us at any time, upon written notice. In the event that consent is withdrawn, I/we understand that the information about my/our child will be removed from the website.

Signature of Parent/Legal Guardian

Child's name

Team Name

Date

**Note: Only persons having lawful custody of the child may sign this consent form as a parent or legal guardian. If both parents have lawful custody, one or both may sign.*