



# WEST VOLUSIA YOUTH FOOTBALL and CHEER ASSOCIATION

## Consent to Photograph

I \_\_\_\_\_, give my permission for my child,  
\_\_\_\_\_ to be photographed by the program  
personnel, volunteers or visitors. I understand that photographs may be used for publicity for the  
program, may be used on the internet, and/or in publications or videos that refer to the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

OR

I \_\_\_\_\_, **do not** give my permission for my child,  
\_\_\_\_\_ to be photographed.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian