

100 Mile House and District Soccer Association

600 North Birch Ave, 100 Mile House BC 250-706-3865/ office.omhsa@gmail.com

www.omhsa.ca

ffective	Media Consent March 26, 20	
Date:		
Player's Name: (Last)	(First)	
	(please print)	(please print)
The purpose of this document	is to make you aware of the follow	wing:
	o, television, newspapers, and other invited to come to the field and	<u> -</u>
	ol news media access, photos, or vecation especially during events op	•
photographs, videos, in (Facebook posts etc.) a recognizing and encou	A is seeking your consent to collect mages, and/or names of players in and on the OMHSA website for pro- traging player achievement, building t OMHSA programs and activities	a variety of publications comotional purposes (such as ng the soccer community, and
Pleas	se check A OR B (no	ot both)
	the use and disclosure of my child	
	television etc.) for this soccer year	
(newspaper, radio, televisi having my child's image of present in soccer activities	To my child's image or name be don etc.). I REQUEST that OMHSA or name collected or published by s. I MAY choose to override this N less withdrawn, this consent is eff year.	take all reasonable steps to avoid outside media when they are lotice by giving my consent in a
Parent's Name: (Last)	(First)	
	(please print)	(please print)
Signature:	Date:	