



EAST HILLS LITTLE LEAGUE – DISTRICT 59

Instructions: Please complete all sections of this Opt-Out Form and return the signed form to vicepresident@ehll.net

CHILD PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDINGS OPT-OUT

Child's Name: _____

A parent may withhold permission to have a child photographed, videotaped, and/ or audiotaped during Little League activities, learning experiences, and/or media events. As the parent or guardian of the child identified above, I understand that if I opt-out, my child will not be included in pictures taken by staff, board members, or anyone outside the league, including commercial photographers and the media, nor will my child's picture be part of a school yearbook, memory book, memory video, sports team, club, or any other medium.

If you do not want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

DO NOT allow my child to be photographed, videotaped and/or audio taped during activities and/or learning experiences.

Parent Signature _____ Date _____