



ASG FLORIDA
Internet & Media Permission Form
2024-2025

Player's Full Name (Print) _____

Parent/Guardian (Print) _____

Parent/Guardian (Print) _____

Player/Parent Agreement: I hereby consent and authorize the ASG Florida to disclose the following information when connected to any ASG Florida activity.

Initial the following items for which authorization is given:

- _____ Use of my child's image in team pictures on the ASG Florida website.
- _____ Use of my child's pictures on the ASG Florida website.
- _____ Use of my child's name, listed alphabetically, in connection with his/her picture on the ASG Florida Website.
- _____ Use of my child's name to identify him/her in pictures on the ASG Florida website.
- _____ Use of my child's pictures in ASG Florida publications.
- _____ Use of my child's pictures with information released to the media related to ASG Florida sanctioned events.
- _____ Use of my child's name, listed alphabetically, in connection with his/her pictures released to the media related to ASG Florida Sanctioned events.
- _____ Use of my child's name to identify him/her in pictures released to the media related to ASG Florida Sanctioned events.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date