



ESSEX COUNTY RAVENS FOOTBALL CLUB

**STANDARD RELEASE
FOR INTERNET SITE**



2

check one:

☐
YES

I hereby give my permission to the Essex County Ravens Football Club to use my son's/daughter's photograph on the Essex County Ravens internet site. I understand that my son/daughter will be identified by his/her surname and his/her photograph may also be released to the Ontario Provincial Football League internet site if the league should request it.

☐
NO

No, I do not want my photo/my son's/daughter's photo used on the Essex Ravens internet site.

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO HEAD COACH

PLAYER'S NAME: _____

ADDRESS: _____

TOWN/CITY: _____

TELEPHONE: _____

PARENT/GUARDIAN'S SIGNATURE: X

PLAYER'S SIGNATURE: X
(If 18 years or older)

DATE: _____