

REGISTRATION

PERMISSION FORM

PHOTO/VIDEO USE

Child/Youth Full Name: Click or tap here to enter text.

PERMISSION STATEMENTS

Please check your response to the following:

|  |  |  |
| --- | --- | --- |
| I GIVE MY PERMISSION FOR PHOTO’S AND VIDEO’S OF MY CHILD TO BE USED BY KCS FOR THE FOLLOWING PURPOSES:   * Print/Newspapers * Promotional Materials * Website * kcs Social Media * Reporting * Observation * Educational/Training | Choose an item.  YES  YES  YES  YES  YES  YES  YES | Choose an item.  NO  NO  NO  NO  NO  NO  NO |

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Parent/Guardian Signature\_\_Click or tap here to enter text.

Date:Click or tap here to enter text.