

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.