Social Media Permission Slip

Athletes Name: _____

Please select below whether or not you give permission for your child's picture to be posted on our associations social media accounts. Your child's personal information will never appear.

____ I **GIVE** permission for my child's picture to be posted on social media.

____ I **DO NOT** give permission for my child's picture to be posted on social media.

Parent Signature:_____ Date: _____

Thank you!