

PUBLICATION PERMISSION:

I, _____, hereby DO / DO NOT grant Flathead Volleyball Club my permission to publish images of my daughter(s) on its web site, posters, handouts, or other media sources.

Parent/ Guardian Signature Date

***If you are a photographer- professional or recreational- and would be willing to share the pictures you take of the kids at practices, tournaments, etc., we would love to have some to post on our web site! You can email them to Leon and Mariah at brodie8210@wyoming.com

Player and Parent Information Sheet

Player Name: _____
Player Cell Phone Number: _____
Parent(s) Name(s): _____
Mom’s Cell Phone Number: _____
Dad’s Cell Phone Number: _____
Home Phone Number: _____

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