



Photo/Video Opt-Out Form

Our sports program may take photographs and videos of participants during practices, games, and events for promotional, educational, or archival purposes. These materials may be used in newsletters, social media, websites, flyers, and other marketing or media formats.

If you **do NOT** wish for your child to be photographed or recorded, please complete and return this form.

Child's Full Name: _____

Date of Birth: _____

Team/Program Name: _____

Parent/Guardian Name (print): _____

Phone Number: _____

Email: _____

Opt-Out Statement

I, the undersigned, **DO NOT** give permission for my child to be photographed, videotaped, or otherwise recorded during activities associated with the [Name of Sports Program]. I understand that this opt-out will be respected to the best extent possible, and the organization will make reasonable efforts to exclude my child from identifiable photos and videos used for public purposes.

Parent/Guardian Signature: _____

Date: _____

Please note: While we will do our best to honor this request, we cannot guarantee complete exclusion from group or crowd shots taken during public events.

Return this form to: Our Main Office

For questions, contact Our Main Office: (269) 238-0197