



ASSOCIATION RÉGIONALE SOCCER BOURASSA

2010-2011

SOCCER BOURASSA SPORT ÉTUDES PROGRAM AT LESTER B. PEARSON

IDENTIFICATION OF STUDENT

Student's Family Name (please print)

Student's First Name (please print)

Secondary Level (please circle) 1 2 3 4 5

Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work.

During the course of the school year, students are occasionally videotaped, recorded and or photographed for a variety of reasons, sport etudes exhibition games, practices, video projects, yearbooks, special recognition etc. The student's name, school and grade may accompany such photographs, video and web pages.

Some of these photographs/video images are published, displayed, distributed or broadcast on the ARS Bourassa website outside of the school network and in these cases the ARS Bourassa is required to obtain consent.

Please fill in the requested information and check either YES or NO below to indicate whether you wish to give or not give your consent.

I hereby release the school and the School Board from any liability or damages resulting from or connected with:

The photographing, recording or video of a student: YES NO

The publishing, display, distribution or broadcasting YES NO
of image/work:

Signature: _____
(Parent/guardian/adult student)

Date: _____