

MANCHESTER YOUTH FOOTBALL

PHOTO RELEASE

Participant: _____

I, _____, the parent and/or Guardian of above named participant being of lawful age and sound mind grant Manchester Youth Football permission to use photographs, video, audio that may be obtained of the above named participant for use in promotional materials, brochures, programs, printed material and website. It is my understanding that the participant will not be identified by full name, age or address.

Signature of Parent/Guardian _____ Date _____

VOLUNTEER INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE (_____) _____

List preferred phone number to reach you - work, cell, or home

EMAIL ADDRESS _____

I am interested in volunteering in the following areas: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Team Mom | <input type="checkbox"/> Chain Crew | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Press Box | <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Team Representative |
| <input type="checkbox"/> Cheerleading Coaching | <input type="checkbox"/> Football Coaching | <input type="checkbox"/> Team Commissioner |
| <input type="checkbox"/> Banquet Committee | <input type="checkbox"/> Field Painting | <input type="checkbox"/> Field Clean up |

Field Clean-season)