

ARIZONA STORM



Permission for Use of Photographs

I hereby grant permission for my child's photograph to be taken in Arizona Storm Volleyball Club activities. These photographs may be used by the Arizona Storm Volleyball Club on their website or any other publications such as newsletters, flyers, etc.

Athlete's Name _____

I give permission for my daughter's photograph to be used.

Parent/Guardian Signature _____

Date _____

I do not wish for my child's photograph to be used.

Parent/Guardian Signature _____

Date _____