



## CARTERET YOUTH LACROSSE ASSOCIATION

Parent/Guardians: Please complete, sign and return to your Team Manager or Coach.

### **PHOTO RELEASE**

Please check **one** option below:

I hereby grant permission for Carteret Youth Lacrosse Association to use photographs and/or video of my child in print or online media outlets to include our website, designed for news, informational, and/or advertising purposes.

I hereby do **NOT** grant permission for Carteret Youth Lacrosse Association to use photographs and/or video of my child in print or online media outlets to include our website, designed for news, informational, and/or advertising purposes.

*When images are published, Carteret Youth Lacrosse Association will take cautionary steps in providing minimally identifiable information.*

### **INSURANCE COVERAGE NOTICE**

US Lacrosse Member Benefit:

US Lacrosse partners with Bollinger Insurance to provide exclusive on-the-field coverage for all US Lacrosse members. Please note that if you file an accident claim through Bollinger, there is a \$500 deductible. CYLA is not responsible for deductible payment.

Print Player's Name: \_\_\_\_\_

Team (circle one): Girls U11 Girls U15 Boys U9 Boys U11 Boys U13 Boys U15

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_