



Canton Akron Hockey Association

Media Release

2018/2019

Please check one of the following items.

_____ I grant permission

_____ I do not grant permission

To Center Ice Sports Complex and the Canton Akron Hockey Association to use my child's image in its media releases, publications, website, and/or other presentations. I understand that my child's name will not appear with his/her picture to individually identify him/her unless approved by me in advance.

Child/Player's Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date: _____