

Phone (519) 579-2229

135 Lennox Lewis Way ON N2G 3X9

Fax (519) 579-7348

## **Parent Permission for Website**

Hockey Season:	
Team Name:	
Team Website: www:	
Team Website Administrator:	
Team Head Coach:	
Player's Name:	
Home Telephone # ()	
Name of Parent/Guardian(please print)	
Signature of Parent/Guardian	
"I understand that my child's name and/or picture(s) may be posted on the above team websilinked to the Kitchener Minor Hockey Association website found at <a href="https://www.kitchenerminorhock">www.kitchenerminorhock</a> website may also be linked to other relevant hockey sites.  These sites will be used to promote teams' information, record player and game stats, and e communication through a message board.  The team website is monitored however the monitor and the Kitchener Minor Hockey Associassume no responsibility for items posted on the message board.  Parent/guardians should also understand the Internet can be viewed by anyone, anywhere it making the pictures and names very public.	ey.com. The ncourage ation together,
I give permission for the Kitchener Minor Hockey Association, to use on the Internet, the photograph(s) and/or name of the player named on this form.	
Parent/Guardian Signature Date	-