

**Internet Display Photo Approval**

Athlete Name

Date of Birth

M F  
Sex

Parent's/Guardian's Name (if athlete is Under 19)

Address

City

Post Code, State

I give permission to the Dandenong Softball Association to:

Display my photograph on the internet

YES / NO

Use my name with the photograph on the Internet

YES / NO

**Signed**

Athlete Signature

Date

Parent's/Guardian's Signature (if athlete is Under 19)

Date