



ELKHART FLAMES SOCCER CLUB INC. PHOTO RELEASE FORM

Permission to Use Photograph

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Player Name: _____	Date of Birth: _____
Player Guardian: _____	Flames Jersey #: _____
(PLEASE PRINT NEATLY)	

I have read and understand the above:

Signature: _____ Date: _____

Print Names: _____

Witnessed: _____ Date: _____

I affirm that I am the legal guardian of above listed player:

Signature: _____ Date: _____

Print Names: _____

Witnessed: _____ Date: _____