LSAM State Volleyball Tournament 2017

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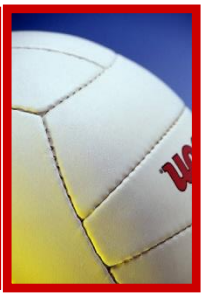

Photo Model Release 2017

The below undersigned parent or legal guardian hereby grants authority to the Lutheran Sports Association of Missouri, Inc., to publish on its website a team photograph including my child, also named below. The photograph will include school name and mascot but will not include names of the athletes.

School:_____ City:_____

Coach:_____ Contact number:_____

Mascot:_____ Colors:_____

Athlete's Name (Please Print)	Parent's Signature	Date