



BC SCHOOL SPORTS

c/o Riverside Elementary, 20575 Thorne Ave. Room 1055, Maple Ridge, BC V2X 9A6.

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CONSENT TO RELEASE OF STUDENT INFORMATION

(FREEDOM OF INFORMATION AND PROTECTION OF
PRIVACY ACT & REGULATION)

I, _____ (Student's printed name), hereby give my consent to (name of school) _____ and to its administrators and employees, to the release of the following information to BC SCHOOL SPORTS, its agents and affiliated athletic organizations:

- (a) my full name;
- (b) my sex; (male or female)
- (c) my birth date;
- (d) my grade level (e.g., Grade 11); and
- (e) the year I first entered Grade 8.

I agree that this information may be used by BC SCHOOL SPORTS, its agents and its affiliated athletic organizations in connection with my participation in athletic activities, and with the general administration and promotion of the athletic programs, including the leagues, tournaments, games, clinics and camps, which BC SCHOOL SPORTS, its agents and its affiliated athletic organizations administer and promote.

Signed:

(Student's signature)

Date: _____, 20__