**Photo/Audio/Video/ Images**: By signing, I **do not** authorize the use of my child’s name, photo(s), video, and/or audio to be used in newspapers, the team website, team social media sites, or publications to be used for training and promotional purposes.

Please return this form to the registrar at swimregistration@cgacswim.org or place in the BLACK PAYMENT BOX at the Center Grove High School Pool.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_