

Consent Form for Disclosure of Personal Information

I, _____, guardian/parent of _____
authorize the Stony Plain Minor Hockey Association to collect and to use
personal information and photographs of _____ for the
purpose of _____ for the period _____ to
_____.

List of information and photographs to be disclosed:

Name: _____

Date: _____

Signature: _____

The information that you provide to SPMHA will be used for _____ purposes only.
Your personal information is protected by the Alberta Freedom of Information and Protection of
Privacy Act and can be reviewed on request. If you have any questions about the collection or
use of this information, contact the SPMHA.