



2020-2021 MEMBERSHIP FORM

Family Last Name _____ Phone _____

Father's Name _____ Address _____

Mother's Name _____ City _____

Parent's E-Mail Address _____

STUDENT NAME	GRADE	SPORT
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____

MEDIA RELEASE

I, _____, grant permission to The Carl Sandburg
(name of parent) Athletic Booster Club, to use my student
athlete's image (photo or video) for use in media publications including videos, e-mails,
social media platforms, newsletters, website and other materials published by the club.
I hereby waive any right to inspect or approve the finished photographs or electronic
matter that may be used in conjunction with them now or in the future.

Signature of Parent _____ Date _____

\$10.00 Fee Paid: CASH / ONLINE / CHECK Check # _____
Payable to CSHS Athletic Boosters

Received By: _____ Date: _____

