



Nevada Olympic Development Program



Nevada State and District ODP Program

Publication Release Form

I, _____, as the parent or legal guardian of _____
(Print name of parent or guardian) (Print name of youth player)

hereby authorize US Youth Soccer and its member to publicize through print, broadcast, electronic media, or any other means of communication, detailed information about the youth player, which might include some or all of the following identification information: Name; photograph; address; telephone number; team; registration and playing statistics; college plans and availability.

X _____ (Signature) _____ (Date)

NAME OF YOUTH PLAYER _____

ADDRESS OF PLAYER _____

CITY/STATE/ZIP _____

EMAIL ADDRESS _____

CELL PHONE MOM _____ HOME PHONE _____

CELL PHONE DAD _____ HOME PHONE _____

ODP AGE GROUP (Birth year) _____ GIRLS _____ BOYS _____
(Check One)

