



BAY SHORE UNION FREE SCHOOL DISTRICT
 Evelyn Blose Holman, PH.D, Superintendent of Schools
 DEPARTMENT OF HEALTH, PHYSICAL EDUCATION AND ATHLETICS
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CLAUDE KASMAN, Director HPEA

JUDITH A. CUMMINGS, Assistant Director HPEA

MSG Varsity Network Parental Permission/Consent Form

2010-2011 School Year

I, _____, am the parent/legal guardian of _____, a student-athlete in the Bay Shore Union Free School District. I understand that in the course of my child's participation in/on the _____ he/she may be videotaped, filmed and/or interviewed by

(Insert Activity or Athletic Team)
 the MSG Varsity Network.

I grant permission, authority and consent to the Bay Shore Union Free School District and to the Madison Square Garden Varsity Network ("MSG") for the use and/or broadcast of the photograph, image, likeness and voice of my son/daughter, _____ on MSG's Varsity Network cable channels, its website and the MSG Varsity Network Video-on-Demand feature in connection with my child's participation in events, contests, games and other competition as a member of the Bay Shore _____ during the **2010-2011** school year.

(Insert Activity or Athletic Team)

I understand and agree that the use of my child's image and voice may be broadcast live or at a later time by MSG Varsity Network. In addition, I also give my permission, authority and consent for any MSG Varsity Network employee or person so designated by MSG to interview my child on air, for live broadcast and/or for broadcast at a later time on MSG's Varsity Network cable channels, its website and the MSG Varsity Network Video-on-Demand feature.

I agree to hold the Bay Shore Union Free School District harmless from any claim arising from the use of my child's image and/or voice by MSG Varsity Network or any other person or entity or from my execution of this form.

Child's Name: _____

Grade: _____

Parent/Legal Guardian's Name: _____

Signature: _____

Date: _____



www.bsathletics.org