

Young Voices of New York



(YVNewYork.com) Parental Permission Form

Young Voices of New York is a FREE site produced by New York News Publishers Association (NYNPA) designed to provide an opportunity for young people under the age of 14 to have a forum, to increase their communication skills, review books and movies, and share ideas with other youth. Anyone is welcome to visit and read information on the site, but young people who wish to post stories or comments must register with us and must provide written parental permission. Contact information is used to provide writing assignments and in the editing process, as well as to keep reporters informed about YVNY activities and opportunities. None of this information will be provided to third parties or used for marketing purposes. There is no payment for contributors and selected stories may be chosen for print in NYNPA member publications.

Parents or guardians signing below give permission for their child to post stories, reviews, blogs, calendar events, photographs or artwork to YVNewYork.com. Parents giving such permission, by signing, are stating that they understand that information may be chosen for use in any NYNPA member publication. In connection with publication of this material, they agree to allow publication of their child's name, age and home town along with a photograph (if provided). Additionally, the child's photograph or likeness may be used to promote subsequent publication by NYNPA member newspapers. The New York News Publishers Association agrees not to make public the address, e-mail address or phone number of the child. Parents may ask to have any of their children's stories removed.

AGREED AND ACCEPTED (Please Print)

Child's Name: _____ M _____ F _____

Home Address: _____

City: _____ State: _____ Zip: _____

Child's Birthdate _____ Age: _____ Child's Cell Phone: _____

Home Phone: _____ Parent's Cell Phone: _____

Child's Email: _____

School: _____ School District: _____ Grade: _____

Reporter's Signature: _____ Date: _____

Print Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Parent's Email: _____

Return this form to: Mary Miller, NYNPA-YVNewYork, 252 Hudson Avenue, Albany, NY 12210-1802, Fax to: 518-449-5053 or Scan and email to: YoungVoicesNY@gmail.com. Questions? Call or email Mary at 518-449-1667 ext. 701 or mmiller@nynpa.com.