BROOKLYN SKYHAWKS FOOTBALL

2024 NOTARY

Affirmation of Registration, Waiver Release and Proof of Age

DIVISION:	PLAYER'S NAME:	DOB:
PARENT/GUARDIAN NAME:	RELATIONSHIP:	

I, the undersigned, being the PARENT/GUARDIAN of the below named participant, acknowledge that I have read, understand and agree to the provisions/terms of the attached Registration and Waiver of Liability Release Form.

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In addition, by providing and attaching a copy of my child's proof of age (birth certificate, baptismal certificate or passport), I certify that my child was born on _____ and that the copy of the proof of age documentation provided is a true copy of the original document. I hereby give the Executive Board of the SKYHAWK YOUTH SPORTS CORP permission and authority to verify the DATE OF BIRTH stated above with my child's school or the state department where the birth certificate was issued, as necessary.

PLAYER'S NAME:
PARENT/GUARDIAN NAME (print):
PARENT'S SIGNATURE:

State of New York }
County of _____

On the _____ day of _____, 20____

before me came _____

proven to me to be the individual described above and who executed the foregoing instrument and acknowledged that __he executed the same.

_____

NOTARY PUBLIC