

BROOKLYN SKYHAWKS FOOTBALL
2024 SEASON PLAYER INFORMATION (PLEASE PRINT)

DIVISION:		VET: ()		NEW: ()	
PLAYER INFORMATION:					
FIRST NAME:			LAST NAME:		
DATE OF BIRTH:			HOME PHONE:		
ADDRESS:					
CITY:		STATE:		ZIP:	
PARENT/GUARDIAN INFORMATION:					
PARENT/GUARDIAN FULL NAME:					
RELATIONSHIP:		CELL PHONE:		EMAIL:	
ALTERNATE PARENT/GUARDIAN FULL NAME:					
RELATIONSHIP:		CELL PHONE:		EMAIL:	
EMERGENCY CONTACT:					
NAME:			RELATIONSHIP:		PHONE:
ADDRESS:			CITY:	STATE:	ZIP:
CONSENT TO PRACTICE/PLAY and PARTICIPANT RELEASE AGREEMENT					
<p>I realize that there is a risk of being injured that is inherent in all sports. Having read this statement and knowing the risks, I as parent/guardian of _____ (player's name), do hereby give my approval for his participation in any and all of the activities supervised by S.Y.S.C. - Brooklyn Skyhawks Football. I assume all risks and hazards to the conduct of the activities.</p> <p>In consideration for being a participant in S.Y.S.C. - Brooklyn Skyhawk Football, I HEREBY RELEASE, WAIVE AND HOLD HARMLESS SKYHAWK YOUTH SPORTS CORP (S.Y.S.C.) - BROOKLYN SKYHAWKS, organizers, coaching and administrative staff, and volunteers ("RELEASEES"), from any and all claims, causes of action, suits, damages, or judgments, whatsoever, in law, admiralty or equity, which against the RELEASEES, I, my heirs, executors, administrators and assigns, EVER HAD OR WILL HAVE, arising from the acts or omissions of RELEASEES in connection with my participation in the S.Y.S.C. - Brooklyn Skyhawks Football.</p> <p>Additionally, I will complete and sign the Assumption of Risk and Waiver of Liability Related to Coronavirus/COVID-19 form and adhere to all COVID protocol directives from the Brooklyn Skyhawks.</p> <p>I HEREBY GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN SKYHAWK ACTIVITIES AND CERTIFY MY AGREEMENT TO RELEASE, WAIVE AND HOLD HARMLESS THE SKYHAWK YOUTH SPORTS CORP. AND BROOKLYN SKYHAWK FOOTBALL AND ITS RELEASEES.</p>					
PARENT/GUARDIAN SIGNATURE:				DATE:	