



Name of Player:				
Parents Name:				
Street Address:				
City:		State:		Zip Code:
Phone Number:	Cell Phone Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age :	Birth date:
<b>Emergency Permission – Must be completed for all participants</b>  I/We, as parents or legal guardian, give permission for my child to participate in the sports activities of Boyette Sports, a ministry of Redeemer Presbyterian Church. In the event of an emergency and if I/we cannot be reached in person or by phone, Boyette Sports has my/our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia and operations, for my child's well-being. I understand that I will be contacted at the earliest possible moment. I/we, the undersigned, do hereby release and forever discharge Boyette Sports, and Redeemer Presbyterian Church, or persons providing services to Boyette Sports, from any and all claims, in the future arising out of any damage or injury to said child. I/We shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered to my child pursuant to authorization.				
Signed:		Relationship:		
<b>Insurance Information</b>				
Insurance Company:				
Policy Number Code:				
<b>To be completed by Notary Public:</b>				
State of: Florida, County of: Hillsborough				
Subscribed and sworn to before me, a Notary Public this _____ day of _____, _____ by _____ (Print—parent or legal guardian)				
Notary Public Signature:	(Seal)			
My commission expires:				