

Church Name	Address	Church Phone

As pastor, I certify that the below listed players are regular participants in the activities of this church

Pastor's Name	Signature
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Coach's name	Address	Phone Number	Birth date	E mail address	Signature

Player's Name	Home/Cell Phone	Birth date	Signature (required)
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**I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT ON THE REVERSE, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. MINORS MUST HAVE ADDITIONAL PARENTAL/ GUARDIAN PERMISSION FORM SIGNED AND ATTACHED WITH ROSTER.**