



CITY OF
savannah
ATHLETICS

Sport: _____.

Team: _____.

PARENT CONSENT FORM
NON RESIDENT (OUTSIDE CITY OF SAVANNAH LIMITS)
All Sports

Dear Parent:

Your child _____ has elected to play _____ with a City of Savannah sponsored team. Please be advised that the City, its agents, coaches and employees accept no liability or responsibility for injuries, loss or damages sustained by your child while participating in this program.

By execution of this consent form, you consent to your child's participation under the terms described above and under the rules and regulations under which this program is operated.

(PLEASE PRINT Parent or Legal Guardian Name)

(Date Signed)

(Parent or Legal Guardian Signature)

Child's Name: _____.

Address: _____.

City/State/Zip: _____.

Date of Birth: _____.

School: _____.

Telephone #(s): _____.

Email Address: _____.