



## CITY OF SAVANNAH – Athletics Department

P.O. Box 1027 ☞ Savannah, Georgia 31402 ☞ 912-351-3853 ☞ Fax: 912-351-3856

Sport: \_\_\_\_\_ Team: \_\_\_\_\_

### PARENT CONSENT FORM

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.

\_\_\_\_\_  
(Parent or Legal Guardian Signature)

\_\_\_\_\_  
(Date Signed)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_

Email Address: \_\_\_\_\_