

Sport: Soccer

Team: _____

**LEISURE SERVICES BUREAU
ATHLETIC DEPARTMENT**

PARENT'S CONSENT FORM
(All Sports)

Dear Parent:

Your child _____ has elected to play soccer 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.

(Parents Signature)

(Date signed)

Child's Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____

Telephone #: _____

School: _____

Email Address: _____