SAVANNAH SOCCER LEAGUE

Name_____ Grade_____

Address_____ City_____

Phone ( )_____

OK to Distribute in groups of 25 JB

Cost $35.00 per child (nonrefundable)
Make checks payable to City of Savannah.
Please include players full name on check.

Coaches

The Savannah Youth Soccer League is very deficient of coaches. If any parent would be willing to coach or help their child's team it would be greatly appreciated. Please sign below if you would like to coach.

_____
Coach

This is to certify that I, parent or guardian of _____, a player in the Savannah Soccer League, hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for player named herein at such as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless to local Savannah Park Board organization; the organizers, supervisors, participants, and hereby waive and release any and all rights and claims for damages or liability against the Savannah RIII School District, Savannah Park Board, City of Savannah and their representatives, successors and administrators for any and all injuries suffered by my child while participating in this program.

_____ _____
Date Parent's Signature

_____
Relationship

Shirt Size (check one)

Youth S ___ Youth M___ Youth L___
Adult S___ Adult M___ Adult L___ Adult XL___
Years Experience_____ Height_____ Weight_____ Sex_____

This form along with $35 should be brought to the sign up on Saturday, February 27th , from 8 am to 12 noon at the park and recreation office located north of the high school football field. Any one not able to make the sign up may drop it off at City Hall before February 27th. Players, both boys and girls, will be limited to Kindergarten through sixth grade.

NO LATE SIGN-UPS WILL BE ACCEPTED!

Okd by email Bruce Humphrey