



Savannah Celtic F.C.

MAIL TO: 641 MAUPAS AVE SAVANNAH, GA. 31401 -912.495.9996

PLAYER NAME: _____ MALE/FEMALE

DATE OF BIRTH: _____ AGE: _____

UNIFORM SIZE: ADULT/YOUTH SHIRT: XS S M L XL

SHORT: XS S M L XL XXL

TEAM/COACH PREFERENCE: _____

EMAIL: _____

PARENT(S)/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

PHYSICIAN NAME / ADDRESS/ PHONE: _____

MEDICAL CONDITIONS: _____

I, the undersigned hereby give approval for the participation of my child in any and all GSSA/GYSA and Affiliated association or league activities. I consent for Savannah Celtic F.C. to take/use photographs/media of the above mentioned for soccer related advertising/activities. I hereby authorize for any and all medical attention to be administered to the above mentioned child in the event of an emergency, accident, injury, sickness, etc., under the direction of a Savannah Celtic F.C. Representative, coach, or volunteer. I also assume the responsibility for the payment of any such treatment. The undersigned understands that soccer is a rough contact sport with high risk for serious injury, including but not limited to possible death, which is hereby voluntarily assumed. In consideration of the participants acceptance into this organization the undersign does hereby release and forever discharge all entities/persons/volunteers/sponsors affiliated with Savannah Celtic F.C. from any and all claims for damages or injuries which may be suffered by the participant now or in the future as a result of negligence of Savannah Celtic F.C. or any agent thereof or the negligence of other participants. The undersigned hereby certifies that to the best of his or her knowledge and belief, the participant is in good physical condition and has no disease or injury that will be aggravate or cause harm to the participant or others in the league or event.

PARENT/GUARDIAN SIGNATURE: _____

League Fee: _____

Cash: _____

Check: _____

Birth Certificate: Y / N

City / County