



2022 Youth Basketball League

Participant's Name:

Phone No. (Hm, WK, Cell)

Street Address

City

State

Zip Code

Date of Birth (MM/DD/YEAR)

Age

Email Address

Date

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Signature

Must present a birth certificate and complete registration form.

Consent Form

2022 Youth Basketball League

Dear Parent:

Your child, _____ has elected to participate in the Basketball Skills Competition, sponsored by the City of Savannah. Be advised that the City, its agent, coaches, and employees accept no liability or responsibility for injuries, loss, or damage sustained by your child while participating in this program. By executing this form, you consent to your child's participation under the terms described and the rules and regulations this program operates.

Statement of Consent, Risk, Waiver of Liability, and Indemnification

Initials: _____

I, as the above primary applicant and as the legal guardian of minor child(ren) list for whom I seek Recreation and Leisure Services membership, hereby knowingly, voluntarily agree, and understand, as part of myself and/or family members listed, incidents may occur and inherent risks may be exposed, including the risk of serious physical injuries (included but not limited to disability and death, as well as economic and property loss). I further realize and understand that participating in this membership may involve risks and dangers, both known and unknown; therefore, I have elected to allow myself and/or family members listed to participate in these services and activities.

Photo/Video and any other Marketing Release

Initials: _____

I, as the above primary applicant and as the legal guardian of the minor child(ren), grant permission to Recreation and Leisure Services and/or representatives the right to use, edit, reproduce, assign, and modify and distribute photographs, film, video/audio recordings and any other audio/visual productions for the use in public displays, publications, public relations, slide shows, newspaper, advertising, and any other communications for the purpose of visual sharing. I insure and hold harmless the City of Savannah, Recreation and Leisure Services, its officers, employees, sponsors, and volunteers from and against any and all claims of any kind, which included all compensation and any liabilities arising from or related to the use of photographs and/or recordings and media releases.

COVID-19 Release

Initials: _____

I/We understand COVID-19 is a highly contagious virus that spreads quickly through person-to-person contact. Participating in Recreation and Leisure Services programs and accessing City facilities could increase the risk of contracting COVID-19. The City in no way warrants that contracting COVID-19 or other contagions will not occur through participation and use of City programs/facilities.

Statement of Medical Consent

Initials: _____

In the event of an emergency resulting in medical treatment, I, the primary applicant and/or the legal guardian of the minor child(ren) for whom I request Recreation and Leisure Services membership, do hereby give permission and consent for medical attention to be administered to myself and/or all family members listed on the application as part of my membership agreement application, including but not limited to; utilization of ambulatory care, first aid, AED if available and any other equipment or treatment to assist in the emergency.

I have read, understand, and agree to all conditions set forth.

Signature

Date