

Camper's Name: _____ Gender: Male Female Ethnicity (optional): _____

Age: _____ DOB: _____ School Currently Attending: _____ Savannah Resident: Yes No

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone(s): _____

Parent's Email Address: _____

List siblings registered in the program: _____

Emergency Contact other than above Parent/Guardian: _____ Contact #: _____

Authorized Adults for Child's Pickup (no one will be permitted to pick up a child if they are not on this list):

1 _____ Contact #: _____

2 _____ Contact #: _____

3 _____ Contact #: _____

Special Permission to Walk To/From Camp: My child, named above, has my permission to walk to and from the program without an accompanying adult. (Only participants ages 11-12 are eligible; ages 8-9 must be accompanied by an eligible sibling age 11 and up.)

Yes No Parent/Guardian Signature: _____

Full Day Camp runs from 9:00am – 3:00pm
\$40 (City of Savannah Residents)/ \$60 (Non-City Residents)

Please mark the dates you would like to enroll your child:

_____ Session #1	July 6-10, 2020	Ages 8-12
_____ Session #2	July 13-17, 2020	Ages 8-12
_____ Session #3	July 20-24, 2020	Ages 8-12
_____ Session #4	July 27-31, 2020	Ages 8-12

Special Notes: _____

Payment Method: (circle one)
CHECK Money Order

Check #: _____ Money Order #: _____

Name: _____

Signature: _____

Summer Camp Quick Facts:

- Priority placement is given to City of Savannah residents. Non-residents will be placed on a waiting list and contacted the week before camp about availability.
- **Parents will be notified if camp will proceed (based on COVID19 data) no later than the Tuesday prior to camp week.**
- Registrations should be made as soon as possible. Space is limited and filled on a first-come, first-served basis.
- Camp Registration closes at 12:00 pm on the Friday before the week of camp, if space is still available.
- Camp Fees must be paid the Friday prior to the week of camp. Financial Scholarships are available for eligible children. NO CASH is accepted. Make checks/money orders payable to: City of Savannah
- Please review the Parents Guide for more detailed camp information at: www.savannahga.gov/reccamp
- The Department of Recreation and Leisure Services reserves the right to refuse enrollment to participants with a history of unacceptable behavior.
- Applications should be returned to the summer camp location where you would like your child to attend.

General Information:

Parents must sign students in and out each time the student is picked up or dropped off. To avoid camp disruptions, we ask that parents refrain from entering the camp during camp hours. Please call the Center directly if you need to speak with your child.

Drop Off: Please drop off your child no earlier than 8:00 a.m. at their designated Community Center via the drop off zone. Due to COVID19, parents must remain in the vehicle and children will be screened before entry to summer camp.

Pick Up: Camp ends at 3:00 p.m. **Late fees of \$0.50 per minute will be imposed for pickups after 4:00 p.m. Late fees must be paid prior to the child’s re-entry to camp.** Students will ONLY be released to the individuals listed on the registration sheet.

Disciplinary Action

First Offense - Center staff, activity leader, and participant will discuss behavior. Parent will be notified via phone or at pick-up.

Third Offense – Parent/guardian will be notified of the third offense and participant will be suspended for a minimum of one day.

Second Offense – Center staff, activity leader, and participant will discuss behavior. Parents will be required to meet with Camp Director before the child can return to the program.

Fourth Offense – Depending on the nature of the incident, participant may be suspended for the remainder of the Summer Program. No refunds will be given.

Waivers & Releases

Indemnification/Hold Harmless Agreement: I/we, the undersigned, consent for me, my/our minor child/ ward to participate in the programs sponsored by the City of Savannah. In consideration of me, my/our child’s/ward’s participation in the program, I/we hereby agree to assume all the risks and hazards incidental to said participations and do further agree to waive all claims against and release, absolve, indemnify and otherwise hold harmless the City of Savannah, its employees, administrators, agents and assigns and others who assist the above, for any loss, damages or personal injuries that I, said child/ ward may receive as a result of such participation.

Photo/Video Release: I hereby grant permission for the City of Savannah to use my and my child’s likeness/image in photographs and videos for purposes of documentation and use in newsletters, brochures, publications, webspace and other media; and understand and agree I will make no monetary or other claim against the City of Savannah for the use of these images.

COVID-19: I/We understand COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact, and participating in City of Savannah 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.

Medical Conditions/Medical Release: I/We understand the City of Savannah does NOT administer medications. I/We understand it is my/our responsibility to make the City of Savannah aware of any known personal medical condition(s) of my/our child and attest to providing this information in the space provided below. I/We understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow my/our child/ward to participate, and I/we give permission for any emergency medical care or treatment to be provided by an emergency medical technician (ambulance EMT), physician, surgeon, nurse, doctor’s assistant, or medical care facility that may be required. **NOTE: If your child has anaphylactic allergic reactions, we request that she/he bring an EpiPen or AnaKit.**

List medical conditions, medications or other special needs concerning the participant below (including allergies).

I/WE HAVE READ, FULLY UNDERSTAND AND AGREE TO ALL OF THE ABOVE PROGRAM TERMS AND INFORMATION.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____