

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): _____

Parents Email Address: _____

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 #: | _____ |

Full Day Camp runs from 9:00am – 3:00pm
\$140 (City of Savannah Residents)/ \$170 (Non-City Residents)

<p>Please mark the dates you would like to enroll your child:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">_____ Session #1</td> <td style="width: 25%;">July 6-10, 2020</td> <td style="width: 25%;">Ages 9-12</td> </tr> <tr> <td>_____ Session #2</td> <td>July 13-17, 2020</td> <td>Ages 9-12</td> </tr> <tr> <td>_____ Session #3</td> <td>July 20-24, 2020</td> <td>Ages 9-12</td> </tr> <tr> <td>_____ Session #4</td> <td>July 27-31, 2020</td> <td>Ages 9-12</td> </tr> </table> <p>Special Notes: _____ _____ _____</p>	_____ Session #1	July 6-10, 2020	Ages 9-12	_____ Session #2	July 13-17, 2020	Ages 9-12	_____ Session #3	July 20-24, 2020	Ages 9-12	_____ Session #4	July 27-31, 2020	Ages 9-12		<p style="text-align: center;">Payment Method: (circle one)</p> <p style="text-align: center;">CHECK M.O. CREDIT CARD</p> <p>Check #: _____ CC #: _____</p> <p>Exp. Date: _____ CVC #: _____</p> <p>Cardholders Name: _____</p> <p>Cardholders Signature: _____</p>
_____ Session #1	July 6-10, 2020	Ages 9-12												
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Summer Art 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 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.
- Payment – If payment is provided at the time of enrollment, **payment will be processed when camp is confirmed to proceed.** NO CASH is accepted. Money Orders, checks, and credit cards are accepted. Make checks/money orders payable to: City of Savannah
- Please review the Parents Guide for more detailed camp information at: www.savannahga.gov/artcamp
- The Cultural Resources Department reserves the right to refuse enrollment to participants with a history of unacceptable behavior.
- Applications may be returned by email to: scacmarketing@savannahga.gov. Applications may also be returned by mail at the address below. To arrange drop-off at Savannah Cultural Arts Center, please call 912-651-6783.

**Savannah Cultural Arts Center is located at 201 Montgomery Street Savannah, GA 31401
 Phone 912-651-6783**

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: (See map for drop-off and pick-up info) Please drop off your child **no earlier than 8:00 a.m. at the drop off zone on the Turner Blvd side of the Savannah Cultural Arts Center.** Due to COVID19, parents must remain in the vehicle and children will be screened before entry to summer camp. Students arriving after 9:00 a.m. must enter camp through the main SCAC.

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.

Bring Your Lunch: Please send non-spoiling sandwiches, fruit, or vegetables in packaging that your child can open. **ABSOLUTELY NO NUTS PERMITTED IN CAMP.**

Disciplinary Action

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

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.

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

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 first aid treatment to be provided by trained camp staff and/or 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 HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.

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

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