

Camper's Name: \_\_\_\_\_ Gender:  Male  Female Race/Ethnicity (Optional): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_ Grade next year: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' Email Address: \_\_\_\_\_ Alternate Phone(s): \_\_\_\_\_

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**

**Per Session Fees: \$100/City of Savannah Residents - \$150/Non-City Residents**

Please mark the sessions for which you would like to enroll your child:

<input type="checkbox"/>	#1 July 6-9, 2021	All Arts	Ages 6-8	<b>Payment Method: (circle one)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	#1 July 6-9, 2021	All Arts	Ages 9-12		CHECK	MONEY ORDER	CREDIT CARD
<input type="checkbox"/>	#2A July 12-16, 2021	Performing Arts	Ages 6-8		Check #: _____	CC #: _____	
<input type="checkbox"/>	#2A July 12-16, 2021	Performing Arts	Ages 9-12		Exp. Date: _____	CVC #: _____	
<input type="checkbox"/>	#2B July 12-16, 2021	Mixed Media Art	Ages 6-8		Cardholders Name: _____		
<input type="checkbox"/>	#2C July 12-16, 2021	Ceramics	Ages 9-12		Cardholders Signature: _____		
<input type="checkbox"/>	#3A July 19-23, 2021	Performing Arts	Ages 6-8				
<input type="checkbox"/>	#3A July 19-23, 2021	Performing Arts	Ages 9-12				
<input type="checkbox"/>	#3B July 19-23, 2021	Ceramics	Ages 6-8				
<input type="checkbox"/>	#3C July 19-23, 2021	Mixed Media Art	Ages 9-12				
<input type="checkbox"/>	#4A July 26-30, 2021	Performing Arts	Ages 13-17				
<input type="checkbox"/>	#4B July 26-30, 2021	Ceramics	Ages 13-17				

**Reduced fees are available to students eligible for free or reduced school lunch. Please complete the Reduced Fee Program Application for consideration.**

1. Does your child suffer from any disorder or medical condition that may impede or interfere with his/her ability to safely participate in any physical activity, including swimming?  Yes  No
2. Does your child suffer from any seizure disorder?  Yes  No
3. Has your child experienced seizures in the past?  Yes  No
4. Is your child presently under the care of a physician for any disorder or medical condition of which the City should be aware to ensure his/her safe participation in physical activities?  Yes  No
5. Does your child take any medications or have any other special needs (including allergies)?  Yes  No

If you answered "Yes" to any of the above medical questions, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Summer Art Camp Quick Facts:

- Registration is first-come first-served. Priority placement is given to City of Savannah residents. Non-residents will be placed on a waiting list and contacted if space is available when registration for non-residents opens on June 15.
- 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. Reduced Fees are available for eligible children.
- NO CASH is accepted. Payments by credit card, check or money order is accepted. Make payable to: City of Savannah
- Please review the Parents Guide for more detailed camp information at: [www.savannahga.gov/artcamp](http://www.savannahga.gov/artcamp)
- The City reserves the right to refuse enrollment to participants with a history of unacceptable behavior.

### 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) Campers may be dropped off between 8:00am and 9:00am. Please drop off your child off **at the drop-off zone on the Turner Blvd side of the Savannah Cultural Arts Center.** 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 entrance of the building located on Montgomery Street.

**Pick Up:** Camp will end at 3:00 p.m. All campers must be picked-up from Camp by 4:00p.m. **Late pick-up will result in additional charges of \$0.50 per minute for pickups after 4:00 p.m. Late fees must be paid prior to the child's re-entry to camp.** Once a child is signed into camp, the child cannot leave without an authorized adult signing him/her out of camp.

**Bring Your Own Lunch:** *Please send non-spoiling food in packaging your child can open. ABSOLUTELY NO NUTS PERMITTED.*

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### Disciplinary Action

**The following outlines the progressive disciplinary procedure, however the City reserves the right to immediately suspend campers from participating in camp for egregious behavior.**

**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.

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### 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 Camp Staff to provide CPR and First Aid 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.**

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_