



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

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

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 8-10 must be accompanied by an eligible sibling age 11 and up.)

\_\_\_ Yes \_\_\_ No Parent/Guardian Signature: \_\_\_\_\_

**Summer Enrichment Camp runs from 10:00am – 2:00pm**

Please mark the dates you would like to enroll your child and select a site:

**Moses Jackson Advancement Center (MJAC):** Grades 6<sup>th</sup> – 12<sup>th</sup> **OR**  **Pennsylvania Avenue Resource Center (PARC):** Grades 4<sup>th</sup> - 12<sup>th</sup>

_____ <b>Week #1</b>	<b>June 7-11, 2021</b>	_____ <b>Week #4</b>	<b>June 28-July 2, 2021</b>
_____ <b>Week #2</b>	<b>June 14-18, 2021</b>	_____ <b>Week #5</b>	<b>July 6-9, 2021</b>
_____ <b>Week #3</b>	<b>June 21-25, 2021</b>	_____ <b>Week #6</b>	<b>July 12-16, 2021</b>

- 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
- Does your child suffer from any seizure disorder? \_\_\_ Yes \_\_\_ No
- Has your child experienced seizures in the past? \_\_\_ Yes \_\_\_ No
- 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
- 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 Enrichment 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.
- Registrations should be made as soon as possible. Space is limited and filled on a first-come, first-served basis.
- Please review the Parent Guide for more detailed camp information at: [www.savannahga.gov/enrichment](http://www.savannahga.gov/enrichment)
- The City reserves the right to refuse enrollment to participants with a history of unacceptable behavior.
- Applications should be returned to the Resource Center 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 9:30 a.m.** at their designated Resource Center via the drop off zone. Due to COVID19, parents must remain in the vehicle and children will be screened before entry to summer enrichment camp.

**Pick Up:** Camp ends at 2:00 p.m. with pickup no later than 2:30 p.m. Students will ONLY be released to the individuals listed on the registration sheet.

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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.

**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.

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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:** \_\_\_\_\_