

## **Therapeutics Recreation**

## 2022 Winter Quarter Adult Morning Program January 10 – March 10

Name		der	Race/Ethnicity (optional)	
Address	City	State	Zip Code	
DOB	Place of Employment		Disability	
Parent/Guardian Phone Number		Work	Cell	
Email Address		Disa	bility	
Emergence Contact Name		Relationship	Number	
(no or		<b>lults for Participant's Pi</b> o pick up a child if they o Con	•	
2. Name	Contact Number			
Please	•	rill be from Tompkins Co by <u>Friday, December 1</u>		
Participants pick up fror Do you use a wheelchai		□Yes □No □Yes □No		
	Check your enrollr	ment choices Monday –	Thursday	
		<b>Daily Classes</b>		
	Janu	ary 10 – March 10		
Various Exercise	es, Enrichment Skills,	Art & Crafts, Bingo & Vo	olleyball Development Sk	ills
$\square$ Monday ONLY	☐Tuesday ONLY	☐Wednesday ONL\	✓ □Thursday ONLY	□Daily
	the state of the s	( Jr. Holiday – No Progra nt's Day Holiday – No P	_	

Recreation & Leisure Services administrative office is located at 1301 E. Victory Drive Savannah, GA 31404 Phone: 912-351-3841

<ol> <li>Does your child suffer from any disorder or medical condition that may impede or interfere with his/her ability to participate in any physical activity, including swimming safely?</li></ol>
<ul> <li>Quick Facts:</li> <li>Priority placement is given to City of Savannah residents. Non-residents will be placed on a waiting list and contacted when a vacancy becomes available.</li> <li>Registrations should be made as soon as possible. Space is limited and filled on a first-come, first-serve basis.</li> <li>The City reserves the right to refuse enrollment to participants with a history of unacceptable behavior.</li> <li>Pick-up time is at 5:45 pm on Tuesday and Thursday.</li> </ul>
General Information:  Parents/Caregivers must sign participants in and out each time the participant is picked up.
<b>Parental Consent</b> : I give my child or client permission to participate in the Recreation & Leisure Services Therapeutic Program. I hereby release the Recreation & Leisure Services, City of Savannah, and its representatives of any obligation in the event of an accident or injury. I will allow my child (client) to be photographed or videotaped for the purpose of communicating the objectives and activities of the Recreation & Leisure Services Department.
Parent/Guardian Signature Date
COVID-19: I/We understand COVID-19 is a highly contagious virus that spreads quickly through person-to-person contact. 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.