



**Recreation & Leisure Services
Therapeutic Recreation Program
ADULT MORNING PROGRAM
FALL QTR. 2024**

**P.O. BOX 1027 Savannah, Georgia 31402
Office 912-651-6791 Van # 2602 (912)-547-3267 OR Van #7627 (912) 547-1164**

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

POE (JOB) _____ Disability _____

Phone Numbers _____

Home Cell Work

Emergency Contact _____

Name & Relationship Number

Email Address _____

Likes _____ Dislikes _____ Interest (Activities) _____

Allergies _____

Gender (Circle one) Male / Female Race-Optional (Circle one) Black / White / Other

Age _____

Transportation? Yes No Wheelchair user? Yes No

Adult Morning Program Dates & Times

8:30am –10:45am Mon. – Thurs.

8:30am – 11:30am Fridays

Monday – Tuesday 8:30am – 10:45am

Bocce & Softball Skills @ 7171 Skidaway Rd. Paulson Softball Complex
(We will attend a different venue each week – you will be notified)

**(Pickup is from Paulson Softball Complex by 10:45am and any other designated venue.
If inclement weather, below 60 or above 100 degrees, pick up is from Delaware Ctr.)**

Wednesday & Thursday 8:30am – 10:45am

Chair/Mat Yoga/Social Skills Activities

(Pickup is from the John S. Delaware Center by 10:45am)

Fridays 8:30am – 11:30am

Arts & Crafts /BINGO/TRIVIA

(Pickup is from the John S. Delaware Center 11:30am)

NO PROGRAMMING – MONDAY, SEPTEMBER 2

NO PROGRAMMING THURSDAY & FRIDAY, OCTOBER 17TH & 18TH (DUE TO FALL GAMES)

NO PROGRAMMING ~ MONDAY, OCTOBER 21ST

MONDAYS _____ TUESDAYS _____ WEDNESDAYS _____ THURSDAYS _____
FRIDAYS _____ ALL DAYS _____

(Check days you will attend)

PROGRAMMING ENDS ON NOVEMBER 1

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: _____

*Recreation & Leisure Services administrative office (Daffin Park) is located at 1301 E. Victory Drive Savannah,
GA 31404
phone: 912-351-3841*

QUICK FACTS:

- Priority placement is given to City of Savannah residents. Non-residents will be placed on a waiting list and contacted when a vacancy becomes availability.
- Registrations should be made as soon as possible. Space is limited and filled on a first come, first-served basis.
- **Adult Registration deadline is Monday, July 29th, at 12:00pm.**
- The City reserves the right to refuse enrollment to participants with a history of unacceptable behavior.
- If your participant becomes ill a parent, guardian, or care provider will have to pick them up.

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 Ana Kit.**

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

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