



**Therapeutic Recreation Program
Transitional Student Program
Fall Quarter 2024
August 12 – October 31**

Name _____ Gender: ___ Male ___ Female Race/Ethnicity (optional) _____

Address _____ City _____ State _____ Zip Code _____ DOB _____

Place of Employment or School _____ Teacher _____

Teacher's phone number _____ School phone number _____ Disability _____

Parent/Guardian Phone Number _____
Home Work Cell

E-mail _____

Emergency Contact _____
Name Relationship Number

Authorized Adults for Participant's Pickup (no one will be permitted to pick up a child if they are not on this list):

1. _____ Contact # _____

2. _____ Contact # _____

PLEASE RETURN APPLICATIONS BY MONDAY, JULY 29, 2024, DEADLINE!

Participant pick up from Employability OR School?	yes	no	Do You Use a wheelchair	yes	no
	_____	_____		_____	_____

Check your enrollment choices Monday - Thursday

DAILY ACTIVITIES WILL CONSIST OF VARIOUS EXERCISES, SPORTS SKILLS, AND ARTS & CRAFTS

Pickups are from various locations by 5:45pm.

Mondays ONLY _____ Tuesdays ONLY _____ Wednesdays ONLY _____

Thursdays ONLY _____ DAILY _____

Thursdays

Bocce/Pickleball/Bowling
(Please check Confirmation Letter for locations)

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 available.
- Registrations should be made as soon as possible. Space is limited and filled on a first come, first serve basis.
- The City reserves the right to refuse enrollment to participants with a history of unacceptable behavior.

General Information:

Parents/Caregivers must sign participant in and out each time the participant is picked up.

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.

Parental Consent: I give my permission for my child, or client 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.

Parent/Guardian Signature _____ Date _____