

**Therapeutic Recreation Program  
YOUTH AFTER SCHOOL 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: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Ethnicity \_\_\_\_\_  
(optional)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone(s): \_\_\_\_\_

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

School Name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

School Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Wheelchair: \_\_\_ Yes \_\_\_ No

Allergies or Special Accommodations: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Emergency Contact other than above Parent/Guardian: \_\_\_\_\_

Contact #: \_\_\_\_\_

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

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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

6. Is your child a “runner”? \_\_\_Yes \_\_\_No, if your child is a “runner” he/she must be accompanied by a care provider.

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

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**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 served basis.
- Youth Registration deadline is Friday, August 4th at 12:00 noon.
- The City reserves the right to refuse enrollment to participants with a history of unacceptable behavior.
- An adult must be available in the afternoon to receive participants.
- Pick up is at 5:45pm on Mondays and Wednesdays.

General Information:

*Parents must sign participant in and out each time the student is picked up and/or dropped off.*

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**Youth After School Fall Programming Dates & Times**

**Must be 9 – 22 years old to participate** *(Still in high school)*

**Mondays**

**(Various Activities, Bocce & Softball Skills)**

*(If inclement weather, below 60 or above 100 degrees, we will be at Delaware center )*

*Aug. 12 – Sept. 30 ~ (Bocce/Softball Skills 3:00 -4:00pm)*

*Location: Paulson Softball Complex ~ 7171 Skidaway Rd.*

*Oct. 7 – Oct. 30 ~ (Pickleball Skills 3:00 – 4:00pm)*

*Location: Lake Mayer*

***NO PROGRAMMING ~ OCTOBER 21ST***

**(Bowling – Wednesdays)**

*Aug. 14 – Sept. 25 ~ (3:00 - 4:00pm)*

**(Frames n’ Games Bowling Lanes ~ 6 Towne Center Ct., Pooler, Ga)**

**(MT & Ceramics – Wednesdays)**

*Oct. 2 – Oct. 30 ~ (3:00 – 4:00pm)*

**(Savannah Cultural Arts Center)**

**All pickups are from the John S. Delaware Center @ 1815 Lincoln St. (Lincoln & 35<sup>th</sup> Streets)**

*(Virtual Chair/Mat Yoga will be available on Tuesdays & Thursdays)*

***NO PROGRAMMING ~ MONDAY, SEPTEMBER 2 ~ HOLIDAY***

***NO PROGRAMMING ~ THURSDAY & FRIDAY, OCT. 17<sup>TH</sup> & 18<sup>TH</sup> (DUE TO FALL GAMES)***

***NO PROGRAMMING ~ MONDAY, OCT.21st***

**MONDAYS ONLY\_\_\_\_\_ WEDNESDAYS ONLY\_\_\_\_\_ BOTH DAYS\_\_\_\_\_**

## 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 \_\_\_\_\_