WINTER QUARTER
2019
AFTER WORK
THERAPEUTIC RECREATION PROGRAM
January 8 – March 7

Office phone# 651-6791/6792 FAX 525-1685
Cell phone# 547-3267 or 547-1164 Daffin Park Main Office 351-3841

Name_____Birthdate_____
Address_____Zip Code_____
Place of Employment_____
Disability_____Medication_____
Parent/Guardian Phone Number_____
Home Work Cell
E-mail _____
*Emergency Contact*_____
Name *Relationship* *Number*

*Additional information (likes, dislikes, allergies, etc.)*_____
_____
_____

Please return this form as soon as, possible. Classes fill quickly. Confirmation letters will be sent to the above address. Be sure the above information is correct. Please make every effort to pick up or have the participant picked up on time. ***ALL PICKUPS WILL BE FROM DELAWARE CENTER.*** **PLEASE RETURN BY THE DECEMBER 20, 2018 DEADLINE!!!**

Check your enrollment choices Tuesday and/or Thursday

Tuesday
January 8– March 5
3:30 – 6:00
Delaware Center
Creative Arts

Thursday
January 10 – March 7
3:30 – 6:00
Delaware Center
Exercise / Volleyball / Creative Arts & Bingo

Tuesday & Thursday
(Practices)

January 9 & 11 ONLY
Delaware Center
Basketball Team/Skills

Participant pick up from EmployAbility? **yes** _____ **no** _____

Wheelchair user? _____ _____

Tuesdays ONLY_____ **Thursdays ONLY**_____ **Both**_____

Indoor Winter Games ***January 11, 12, & 13 (Cobb County)***

The Therapeutic Program sponsored by the City of Savannah, provides recreational activities for both the mentally & physically challenged. Parental (Caregiver) pick up will be at Delaware Center by 5:45p.m.

Parental Consent: I give my permission for my child, or client to participate in the Parks & Recreation Therapeutic Program. I hereby release the Parks & Recreation Services, City of Savannah and it 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 Parks & Recreation Department.

Parent/Guardian Signature_____Date_____