



**Recreation & Leisure Services**  
**Therapeutic Recreation Program**  
**YOUTH SUMMER CAMP 2023**

**P.O. BOX 1027 Savannah, Georgia 31402**  
**Van #0106 – (912)-547-3267 / Van #7627 (912)-547-1164**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Ethnicity \_\_\_\_\_  
(Optional) \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Does your family receive \_\_\_SNAP \_\_\_EBT benefits? If so, please provide proof of assistance

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

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:*

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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 serve basis.
- **Youth Registration deadline is Thursday, May 18th 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 to assist the youth on the van in the mornings and in the afternoon to receive participants.
- **Parents will be emailed of acceptance by a Confirmation Letter and notified by telephone of approximate pickup and drop-off times.**
- An adult must sign participant in/out.

**Transportation fees are due in full the first day of camp and should be given to the van driver. Transportation includes pickup and drop-off (within City of Savannah City limits) for the duration of the camp. Transportation fees are non-refundable.**

**Limited Space ~ First Come, First Serve! ~ Must Be 9 yrs. old OR in 3<sup>RD</sup> grade**

**Youth Summer Camp (4 weeks)**

**Camp:** Physically / Mentally Challenged  
**Ages:** School Ages (9 – 22 years old - *if still in school*)  
**Dates(s):** June 5 – June 30 (4 weeks)  
**Times:** 9:00 a.m. – 2:00 p.m.  
**Location:** Carver Village Neighborhood Center  
907 Collat Street  
Savannah, GA 31415  
(912) 650-7816

**Fee:** \$40.00 transportation fee or \$10 a week (Due Monday mornings ~ Check or Money Order, please) **\*Cost of field trips not included in transportation fee\***

**T-Shirt Size – Circle One (Adult) Medium Large X-Large 2XL 3XL 4XL**



## NO PROGRAMMING MONDY, JUNE 19 ~ JUNETEENTH HOLIDAY

### 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.**

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

