



# SAVANNAH POLICE

To Serve, Protect and Build Trust

SavannahPD.org 

## Savannah Police Department

### 2018 PAL Youth Summer Camp

**Boys: June 18th – 22<sup>nd</sup>, July 9th – 13<sup>th</sup>**

**Girls: June 25th – 29th, July 16th – 20th**

### Application Form

The Savannah Police Department will be sponsoring a summer camp for children ages 8 to 14. The camp will be limited to 25 participants on a first-come first-serve basis. The camp will be led by Savannah police officers and will combine character building and safety sessions along with field trips and lots of fun activities. The camp will begin each day at Savannah State University's Police Headquarters at 9 a.m. and end at 3:30 p.m. Early drop off is available starting at 8 a.m.

#### **Application Deadlines:**

**Boys:** Tuesday, May 1st at 5 p.m. & **Girls:** Tuesday, May 1st at 5 p.m.

*\*Applications can be delivered to **SPD Headquarters** at 201 Habersham Street between 7 a.m. and 5 p.m. Monday - Friday. They can also be taken to any of our 4 Precincts as well during their office operating hours.*

#### **CHILD'S INFORMATION:**

Child's Name:

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Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade for 2018 – 2019: \_\_\_\_\_

T-Shirt Size (Circle): S M L XL XXL Adult Size or Child Size?

**PARANTAL INFORMATION:**

Parent/ Guardian's Name:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Residential Address:

\_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contact:

\_\_\_\_\_

Relation to Child: \_\_\_\_\_ Primary Phone Number:

\_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Email Address:

\_\_\_\_\_

**MEDICAL INFORMATION:**

My Child is Allergic to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Child's Special/Medical Needs Are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Company Name:

\_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PARENTS/ GUARDIANS PLEASE READ THE FOLLOWING VERY CAREFULLY:**

**Medical Release:**

My signature below indicates that I understand that my child is being enrolled in a one-week summer camp presented by SPD Juvenile Officers at Savannah State University. The camp for boys will take place from 9 a.m. to 3:30 p.m. from June 18th – 22nd & July 9th -13th 2018 and June 25th -29rd & July 16th – 20th , 2018 for girls. As parent/ guardian, I understand that should my child need medical attention in an emergency situation, every effort will be made to contact me. However, in the event that I cannot be reached, I hereby grant permission to SPD and/or its designee to render emergency medical treatment, x-rays, routine tests, release personal contact information, and provide/ arrange for transportation of my child to a medical care facility. In my absence, I hereby give permission to emergency personnel or a physician to provide any treatment deemed necessary should such a medical emergency arise. I understand that I will be financially responsible for all costs incurred for medical treatment provided to my child. Each child’s medical insurance information should be provided prior to submitting this form. 3

**General Consent to Enroll:**

I understand that my child is being enrolled in the SPD PAL Youth Summer Camp at my and his/her own risk. In the event of an accident, I hereby consent to hold harmless SPD and its staff, advisors, or designees. I hereby waive my right to claims against any SPD advisors or designees. I understand that the summer camp operates from 9:00 a.m. to 3:30 p.m. I also understand that my child is expected to behave appropriately during the camp and may be asked to leave the camp if he/she is unable to conduct him/herself appropriately during the activities. I will read and discuss the “SPD rules” with my child prior to the first day of summer camp.

***I have read, understand, and consent to all information on pages 1-3 of this form.***

Print Full Name: \_\_\_\_\_

Sign and Date: \_\_\_\_\_



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## 2018 SPD PAL Youth Summer Camp

### Media Consent Form

I, \_\_\_\_\_ understand that my child's participation in the 2018 SPD PAL Youth Summer Camp could result in his/her likeness being photographed, filmed, or recorded during the process. I understand that visual and audio recordings of my child could be used by television stations; radio stations print media and/or online media. I understand that my child's image could be reproduced and distributed for a variety of publications, displays and/or exhibits documenting the highlights of the 2018 SPD PAL Youth Summer Camp.

**I have read the 2018 SPD PAL Youth Summer Camp Media Consent Form and grant media consent to my child.**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Child's Name (Printed):** \_\_\_\_\_

**Parent/ Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## SPD PAL Youth Summer Camp

### Waiver, Release, and Hold Harmless Agreement

This Waiver, Release and Hold Harmless Agreement (“Release”) is effective June 18, 2018 and agreed to by \_\_\_\_\_ (“Recipient”), the parent or legal guardian of \_\_\_\_\_ (“Participant”).

WHEREAS, Savannah Police Department (“SPD”) conducts a summer youth camp program, which includes presentation of enrichment topics by SPD faculty members and officers at no charge to and for the community’s youth; and

WHEREAS, in consideration for the provision of such free services by SPD and its faculty and officers

NOW THEREFORE, Recipient, as the parent or legal guardian of Participant, on behalf of himself, herself and the Participant, and their successors, representatives, heirs, assigns and any other all other person or entity claiming by, under or through Recipient, represents, covenants and agrees as follows:

Recipient acknowledges that in the course of the SPD PAL Youth Camp, the Participant will be involved in certain, activities/ enrichment presentations, comprising of but not limited to the following:

Savannah State University Campus Tour, Journal Writing, Gang Prevention, Sports Time, Cyber Safety, Trolley Tour Inspirational Video, Anti-Bullying Workshop, Frames and Games, Jail Tour, Fun Day and an Awards Ceremony.

Recipient, for him/herself and on behalf of the Participant, accepts and voluntarily incurs all risks of any injuries, damages, or harm which arise during or result from any activities of or services provided by SCMPD, the Mayor and Aldermen of the City of Savannah and/or their its faculty members, employees, officers, agents or representatives (“Released Parties”).

Recipient, for him/herself and on behalf of the Participant, waives releases and forever discharges all claims against any of the Released Parties for any injuries, damages, losses, or claims, whether known or unknown, which arise during or result from any activity of or services provided by the Released Parties.

Recipient, for him/herself and on behalf of the Participant, waives, releases and forever discharges all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from any activity of or services provided by any of the released parties under or in connection with the SPD PAL Youth Summer Camp, including but not limited to any such injury, damage, loss or claim arising from any services provided as part of the SPD PAL Youth Summer Camp.

Recipient, for him/herself and on behalf of the Participant, agrees to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits arising from or related to Participant's participation in the SPD PAL Youth Camp program.

Recipient acknowledges having carefully read and reviewed this Waiver, Release and Hold Harmless Agreement, covenants that he/she has the lawful ability to execute this Release on behalf of the Participant and represents that he/she fully understands and voluntarily executes the same.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2018

By: \_\_\_\_\_ (Parent's Signature)

\_\_\_\_\_ (Parent's Printed Name)

Participant's (childs) Name: \_\_\_\_\_