



SAVANNAH CHATHAM POLICE METROPOLITAN

Chief Joseph H. Lumpkin, Sr.

Savannah-Chatham Metropolitan Police Department 2016 Youth Summer Camp

Boys: June 6th – 10th, July 11th – 15th, Girls: June 13th – 17th, July 18th – 22nd

Application Form

The Savannah-Chatham Metropolitan Police Department will be sponsoring a summer camp for children ages 8 to 14. The camp will be limited to 30 participants on a first-come first-serve basis. The camp will be led by Metro 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: Sunday, May 1st at 5 p.m. & **Girls:** Sunday, May 1st at 5 p.m.

**Applications can be delivered to SCMPD Headquarters at 201 Habersham Street or any of our five precincts between 7 a.m. and 5 p.m. Monday - Friday.*

CHILD’S INFORMATION:

Child’s Name: _____

Age: _____ Gender: _____ Grade for 2015 – 2016: _____

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

PARENT’S INFORMATION:

Parent/ Guardian’s Name: _____

Phone Number: _____ Email Address: _____
Residential Address: _____
Work Number: _____ Work Address: _____

EMERGENCY INFORMATION:

Emergency Contact: _____

Relation to Child: _____ Primary Phone Number: _____

Secondary Phone Number: _____ Email Address: _____

MEDICAL INFORMATION:

The SCMPD Youth Summer Camp participants will encounter varied weather conditions and levels of physical activity. Does your child have physical or medical conditions that may interfere with their ability to participate in camp activities?

Yes _____ No _____

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 SCMPD Juvenile Officers at Savannah State University. The camp for boys will take place from 9 a.m. to 3:30 p.m. from June 6th – 10th & July 11th -15th 2016 and June 13th -17th & July 18th – 22nd, 2016 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 SCMPD 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.

General Consent to Enroll:

I understand that my child is being enrolled in the SCMPD Youth Summer Camp at my and his/her own risk. In the event of an accident, I hereby consent to hold harmless SCMPD and its staff, advisors, or designees. I hereby waive my right to claims against any SCMPD 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 "SCMPD 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: _____

Child's Name: _____



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SCMPD Youth Summer Camp Waiver, Release, and Hold Harmless Agreement

This Waiver, Release and Hold Harmless Agreement (“Release”) is effective June 8, 2016 and agreed to by _____ (“Recipient”), the parent or legal guardian of _____ (“Participant”).

WHEREAS, Savannah-Chatham Metropolitan Police Department (“SCMPD”) conducts a summer youth camp program, which includes presentation of enrichment topics by SCMPD 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 SCMPD 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 SCMPD 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 SCMPD Youth Summer Camp, including but not limited to any such injury, damage, loss or claim arising from any services provided as part of the SCMPD 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 SCMPD 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 June, 2016

By: _____ (Parent's Signature)

_____ (Parent's Printed Name)

Participant's Name: _____

SCMPD Staff Witness Signature: _____



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2016 SCMPD Youth Summer Camp Media Consent Form

I, _____ understand that my child's participation in the 2016 SCMPD 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 2016 SCMPD Youth Summer Camp.

I have read the 2016 SCMPD Youth Summer Camp Media Consent Form and grant media consent to my child.

YES _____ NO _____

Child's Name (Printed): _____

Parent/ Guardian Name (Printed): _____

Parent/ Guardian Signature: _____

Date: _____