



Savannah Dream Center, Inc.
Transforming Lives Through Education

SUMMER CAMP REGISTRATION FORM

***Please complete a single form for each student you are registering. Return all completed and signed forms to savannahdreamcenter@gmail.com. Place 2024 SUMMER CAMP REG in subject header.**

First and Last Name of Student _____

Age _____ School _____ Grade in Fall, 2024 _____

Parent's Full Name _____

Home Address _____

Phone Number _____

Email address _____

Emergency Number _____ Emergency Contact Name _____

Insurance Company _____

Group Number _____ ID Number (insurance) _____

Statement of Consent & Waiver

I hereby agree and declare that I am the legal parent/guardian of the above-named child and hereby consent to the child's participation in the activities that are described to me in the registration process. The camp staff intend to ensure that my child is safe during the camp. I specifically request that my child be allowed to participate in those activities held at the camp.

If the above-named child requires any emergency medical treatment or procedures during the activities, I hereby consent to activity supervisor(s) to make any decision and take any action to arrange for such procedures or treatments in the discretion of the activity supervisor(s). I agree to pay for any medical treatment rendered.

I, the parent/guardian, hereby agree and declare that I have carefully read and understand the scope of the summer camp activities and I consent to the participation of the above-named child to these activities. Should any type of injury/harm occur to my child, I agree that I will not hold Savannah Dream Center Inc. or New St. Luke A.M.E. Church responsible.

I agree to drop off/pick up my child on time. I give consent for photos/videos of my child during camp to be used by the host church or Savannah Dream Center, Inc. for marketing purposes.

Parent/Guardian Signature _____

Date _____