Lake Mayer Summer Camp

June18th-August 10th
Monday-Friday

Registration Starts May 1st
(First 35 paid will be accepted)

Swimming, Field Trips, Sports & More!!!

Ages: 6-12 yrs.
Times: 9:00am-3:00pm
Cost: $20.00/Session (2 weeks)
Extended Care: 8-9am & 3-5pm
Additional $20.00/Session (2 weeks)

For more information Contact:
Cameron Chastain
912-652-6782
cjchasta@chathamcounty.org

Contact Us:
Camp Director:
Cameron Chastain
912-652-6782
Cjchasta@chathamcounty.org

Registration Starts May 1st

Camp Hours

Camp starts at:	**9:00am**
Dismissal:	**3:00pm**
Extended Care:	**8:00am-9:00am, 3:00-5:00pm (extra $20.00/session)**

Please pre-register if you need extended care.

Fees
All camp fees must be paid in at the time of registration. Fees are as follow.
$20.00/camper per session (2 weeks) 9:00am-3:00pm
$20.00/camper per session **EXTRA** for extended care (8:00am-9:00am, 3:00pm-5:00pm)

Camper Sign- In/ Dismissal
Each camper must be signed in/out by a Parent or Guardian. **NO EXCEPTIONS**.
If camper is being picked-up or dropped-off by another adult, Parent/Guardian must sign a release wavier. If you need to make special arrangements please notify the Camp Director.

Late Pick-up
Please do not pick up your camper later than 3:00pm. (unless camper is registered for extended care) It is distressing to the campers and it is an imposition to our staff. If you arrive after 3:00pm you will be charged $5.00 (per camper) in 30 minute increments.(exception for extended care)
***Camper will not be allowed to attend camp until fee is paid.**

Communication with Parents
Chatham County Park Services is committed to providing a safe and fun recreational program for your camper. Any updates or news about the camp will be typed in a letter and handed to parent/guardian during dismissal. Please read all information carefully. If you have and concerns or questions please feel free to contact the Camp Director at
912-652-6782 or Cjchasta@chathamcounty.org

Clothing
Campers should wear comfortable summer clothes appropriate for outdoor activities, sports, games, painting etc… Campers should wear ***tennis shoes*** to camp.

Please…NO FLIP-FLOPS, CLOGS, SANDALS, BAREFEET or HEELIES.

Lost and Found
Please check the Lake Mayer Community Park summer camp office.

NO electronic devices are to be brought to camp.

Swimming/Paddleboarding
Campers will be Swimming at the Aquatic Center/Tybee Isalnd. All campers are to bring a swimsuit and towel to participate. Please notify Camp Director if you do not want your camper to participate. Life vest will be provided if needed.

Field Trips
Campers will be going on some field trips this summer. Please review the camp schedule for field trip locations and dates. Although most of our trips are free of charge, there will be a small charge for a few of the field trips.
***Every Week we will be going to watch a movie at Savannah Regal and eating lunch in the Savannah Mall. Campers can either bring a sack lunch or purchase lunch in the Food Court.**

When camp activities take us away from the community center, a notice will be posted on the door indicating our location.

Campers will be traveling to Tybee Island this summer. Please make sure camper has SUNSCREEN on the days we travel to the beach. Staff is not responsible for sunburns or sun exposure; however, we will take reasonable precautions to protect your camper from over exposure.

Lunch & Snacks
Our campers will work up an appetite! **Campers MUST bring a healthy snack and a sack lunch from home everyday.** Lake Mayer Summer Camp is not responsible for providing lunch. Drinking water will be available to all campers. We encourage your camper to bring a water bottle with his/her name on it. ***PLEASE DO NOT PACK MICROWAVE LUNCHES FOR CAMPERS!***

Medication
All medication must be handed in at the office in the morning with written instructions and will be administered by camp staff. We do not administer non- prescription medication.

Behavior
Chatham County Parks Services reserves the right to dismiss any camper participating in inappropriate / unacceptable behavior.

PLEASE LABEL ALL ITEMS BROUGHT FROM HOME. THIS INCLUDES:
LUNCH BAGS, BACKPACKS, HATS AND WATER BOTTLES.

Chatham County Park Services
Lake Mayer Program Summer Camp Registration Form

Office location: 1850 E. Montgomery Crossroads, Savannah
Mailing Address: PO Box 8161, Savannah, GA 31406
Phone: (912) 652-6782 Fax #: (912) 652-6787

June18th-August 10th 2012

Participant_____

Address_____
Street City/Town State Zip

Phone#_____ Date of Birth_____ Age _____

Parent's Name_____ T-Shirt Size (100% cotton)
YS YM YM YXL ____

Parent's Email_____

Emergency Contact_____ Phone#_____

Health Comments (Allergies, Health Problems, Medications, etc _____
_____

Drop Off 9:00am Pick-Up 3:00pm

Extended Care: 3:00-5:00pm _____***Yes*** _____***No***
Extended Care - $40.00/Session (2 weeks)

Please place an (X) in the Summer Camp Sessions that you are participating in.

___ **(1)** June 18th -June 29th ___ **(2)** July 2nd- July 13th ___ **(3)** July 16th- July 27th ___ **(4)** July 30th-Aug.10th

Camp FEE $20.00 Session *OR* $40.00/ session if you add EXTENDED CARE

*Make check payable to Chatham County Park Services.
*We will be going on a few field trips. Please advise that some of these will have an extra fee. Parents will receive adequate notice before field trip.

IMPORTANT- PLEASE READ THE FOLLOWING STATEMENT:
I hereby waive and release all rights and claims for damages against Chatham County and their employees and agents for all injuries, which may be sustained, by herein named minor or myself while participating in the program listed above. I understand the content of the program and the risk of personal injury therein. I also give my permission for employees of the County and /or the closest medical emergency facility to the activity site to admit me or my child for EMERGENCY medical treatment that would become necessary as a result of a medical emergency during the program. I also give permission to the County to make noncommercial use of any activity photographs of my child or myself. Any information provided will be treated with confidentiality and will allow the County to better serve individuals attending programs.

Signature of Parent/guardian _____ Date_____

Office use only

Paid _____ Date _____
Amount _____ Staff(initials) _____

Camper Release Form

Please return this form only if camper is to be picked up by a person **OTHER THAN a PARENT/GUARDIAN** OR if you answer **YES to the STAR (*) QUESTION BELOW**

Name of Camper_____

Name of Camp:_____ Date:_____

IS THERE ANYONE WHO IS NOT AUTHORIZED TO PICK UP THIS CAMPER?

YES NO (CIRCLE ONE)

If YES, who may **NOT** pick up camper:_____

If anyone other than a parent will be picking up this camper at the end of the day (that includes parents of other campers), please tell us who you are authorizing to do so.

_____ _____

_____ _____

I am the parent/guardian with legal custody of this camper:

Print name:_____ Signature:_____
Date:_____

This section is to be signed at pickup by a person named above.
PLEASE do NOT sign NOW

Name:_____ Date:_____

Time:_____

Name of staff member releasing camper:_____