



# SUMMER BONANZA PARTNERSHIP, INC.

A CHATHAM COUNTY YOUTH INITIATIVE

www.summerbonanza.com

Date \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Child \_\_\_\_\_ Adult \_\_\_\_\_

<b>Student Name:</b>		<b>Phone Number:</b>	
DOB:	Age:	Sex:	Grade (just completed):
Address:			
City, State, Zip Code:			
School Attends:		Child have an IEP?:	
Which school subject do you need help with most: _____ Science _____ Math _____ English			
<b>PARENTAL/LEGAL GUARDIAN INFORMATION</b>			
Name:		Relationship:	
Home Phone:		Cell Phone:	
Parent's Email:			
Are you employed by Chatham County? _____ Yes _____ No			
If Yes, please provide Department Name:			
Do you wish to become a Summer Bonanza Parent Volunteer? _____ Yes _____ No			
<b>All Volunteers must complete a separate Volunteer Application</b>			
<b>PARTICIPANT EMERGENCY INFORMATION</b>			
Emergency Contact's Name:		Relationship:	
Address (if different):		Phone:	
City, State, Zip Code:			
Emergency Contact's Name:		Relationship:	
Address:		Phone:	
City, State, Zip Code:			
<b>INSURANCE INFORMATION</b>			
Insurance Company Name:		Policy Number:	
Preferred Hospital:			
Physician's Name:		Physician Number:	
Indicate any type Allergies:			
Is child prescribed medication, please list:			

To submit call (912) 663-4528 or email: adorsey704@gmail.com or mail: P.O. Box 18135, Sav 31418 Application revised March 2019

**Founded in 1991 by**  
Dr. Priscilla Thomas, Retired Chatham County Commissioner, 8<sup>th</sup> District



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## Youth - Program Liability Waiver Form

The Parent/Guardian agrees to hold harmless Summer Bonanza Partnership, Inc. the sponsors and affiliates from any and all liability relating or occurring from any accidents or injuries resulting from you or your child's participation in any event and/or travel to and from any event. Furthermore, it is understood that any and all medical expenses incurred due to injuries sustained at any project or event organized by the directors of Summer Bonanza Partnership, Inc. is the sole responsibility of the participant in the event(s). This is inclusive of preexisting conditions, which may become aggravated due to you or your child's participation in any event(s). It is also understood that no legal action will be brought against Summer Bonanza Partnership Inc. or subsidiaries or authorized personnel by you or your child because of any matter directly or indirectly related to you and your child's participation in any session or events held by Summer Bonanza Partnership, Inc.

As a Parent/Guardian of (child) \_\_\_\_\_, I request my child attend the Summer Bonanza Partnership, Inc. Program and take part in all activities. In case of emergency the Program Director has my permission to give minor first aid or take my child to an emergency treatment facility. I understand that the program staff will make a conscientious effort to locate me via the telephone number provided at drop off as well as attempting to contact me at (Phone Number) \_\_\_\_\_, before any action is taken but if it is not possible to locate me, I understand that I will accept all medical expenses.

### Photo Release

I, (Parent/Guardian) \_\_\_\_\_, hereby give permission for images of my child, captured during Summer Bonanza activities and events through video, photo and digital camera, to be used solely for the purposes of promoting the Summer Bonanza Program. By signing your name, you are stating that you have read and fully understand and are in agreement with this waiver.

Print Parent/Guardian Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Code of Conduct

Summer Bonanza Partnership, Inc. is a youth-serving, community-based organization dedicated to providing exposure to local government, cultural diversity, and positive role models in various businesses and organizations. During the summer months, the goal is to strengthen academic development while providing safe, structured, and fun activities for kids ages 7 to 14. Participation in the SBP programs is subject to the observance of the Summer Bonanza's rules and procedures. ***The activities outlined below are strictly prohibited.*** Any participant or staff member who violates this Code is subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer or another participant.
- Possession or use of alcoholic beverages or illegal drugs property or reporting to the program while under the influence of drugs or alcohol.
- Bringing onto property dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items.
- Discourtesy or rudeness to a fellow participant, staff member or volunteer.
- Verbal, physical or visual harassment of another participant, staff member or volunteer.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health or well-being of others.
- Failure to follow any agency policy or procedure.
- Bullying or taking unfair advantage of any participant.
- Failing to cooperate with an adult supervisor/leader/mentor.

I have read and I understand the Summer Bonanza's Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Registration Information**

The Summer Bonanza Partnership Program is designed to help our young people become knowledgeable about their community, its people and places, as well as learning discipline, good citizenship, manners, self-pride and determination; all qualities that supply them with much-needed confidence to succeed in school and throughout their lives. This program is a local effort that has been replicated in over 50 cities in the United States. Our outreach program is a part of the SBP, Inc. but is administered separately.

Participants must be between the ages of 7-14 years and willing to abide by all rules of the program. Failure to do so will result in dismissal from the program. Junior Volunteers are those young people (15 and above) serving as peer counselors who have been in the program and actively involved for at least the past two years.

### **Important Information for Registration**

Registration and fee is due on May 30, 2020

Registration fee: \$10/child (includes costs for t-shirts, 8 weekly programs and lunch)

Child's most current report card is required with the application

Child will be given a t-shirt and asked to wear it each Saturday or indicated attire.

Programs will be held every Saturday Morning from 10 am – 1 pm. Light morning snack and lunch will be provided.

Programs begin June 6 - Aug 1

### **Parents Responsibility**

Must attend the Registration/Orientation on May 30 at Moses Jackson Center

Must **sign in** child and have child to each program on Saturday morning by 9:45 am.

Must **sign out** child and pick up child at 1:00 pm arrival at 12:45 pm is suggested.

Read email each week for upcoming programs, locations and attire for child.

Must complete and submit required paperwork as requested.

Consider becoming a Parent Volunteer

Parents are asked to attend all Parent University Workshops

**A \$10.00 registration fee is required with the registration application, cash, money order or check, payable to Summer Bonanza Partnership.**

To submit application before May 30, visit [www.summerbonanza.com](http://www.summerbonanza.com) and submit online. Paper applications maybe mailed to P.O. Box 18135, Savannah 31418 or scan and email to [adorsey704@gmail.com](mailto:adorsey704@gmail.com).

Summer Bonanza Partnership, Inc

Location: Moses Jackson Center 1410 Richards St.

Contact Program Director: Angelia Dorsey (912) 663- 4528 or Tanya Scott-Pilcher (912) 844-5522

Visit [www.summerbonanza.com](http://www.summerbonanza.com) for more information on the program

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