



CITY OF GAINESVILLE  
FIRE RESCUE DEPARTMENT  
1025 NE 13 Street, Gainesville, Florida 32601  
(352) 334-5065

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## ABC's of Safety Summer Camp - 2017

PLEASE FAX YOUR COMPLETED APPLICATION TO 352-334-2523 or DROP IT OFF AT FIRE ADMINISTRATION AT 1025 NE 13<sup>TH</sup> ST. by July 27<sup>th</sup>, 2017.

### Section 1 –

City of Gainesville Resident:  on  sey  ف

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_  Boy  Girl  
Previous Preschool (if attended): \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
LAST MOTHER FATHER

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
NAME TELEPHONE

Email Address: \_\_\_\_\_ Shirt Size: CS CM CL

Please list all health concerns, limitations, or restrictions and medications for your child:

\_\_\_\_\_

**Only** the following people may pick my child up from the Academy:

\_\_\_\_\_

**TERMS OF ENROLLMENT**

- ◆ Camper must attend all sessions every day. Any unexcused absence will be cause for dismissal.
- ◆ Camper will adhere to the Department's Rules and Regulations or will be **dismissed without review**.
- ◆ Camper should not bring any valuables to the program, including toys, phones, jewelry, money etc.
- ◆ Gainesville Fire Rescue is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any camper's possessions.
- ◆ **Closed-toed sneakers** everyday (No sandals)

The Camp will be held at the Kiwanis Safety City- 1025 NE 13<sup>th</sup> ST, Gainesville, Fl 32601. Camp hours are from 9:00am- 12noon. Any camper not picked up by 12:15pm will be charged a \$10.00 late fee per half hour.

If I cannot be reached in the case of an emergency, I hereby give my permission to the physician selected by the City of Gainesville Fire Rescue Department's authorized staff member to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child.

\_\_\_\_\_ Date: \_\_\_\_\_ Name of Child's Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Parent /Guardian Signature

Name of Health Insurance Company: \_\_\_\_\_ ID No. \_\_\_\_\_

I understand that my child will not be placed in any hazardous condition or atmosphere that would compromise his/her health or safety. I give my child permission to participate in all programs and activities conducted by the City of Gainesville Fire Rescue Department and Gainesville Police Department. I am fully aware of the risk inherent and hereby release the City of Gainesville, any of its elected or appointed officials, employees or volunteers from any and all liability or claims, including attorney's fees and costs, for injuries which may be sustained by my minor children of myself on account of his/her participation in said programs or associated activities and events.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

I give my permission for my child to be photographed/ videoed and for those photographs/ video with his/her name to be used for publicity purposes for the City of Gainesville Fire Rescue Department's programs and possible news media stories.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature