



CITY OF GAINESVILLE
 GAINESVILLE POLICE DEPARTMENT
 545 NW 8th Ave, Gainesville, Florida 32601
 (352) 727-8580



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PUBLIC SAFETY SUMMER CAMP APPLICATION – 2017

Held July 17th thru 20th 2017

PLEASE EMAIL or FAX YOUR COMPLETED APPLICATION TO; 352-334-2464 care of Ofc. D C Smith or email to smithdc@citofgainesville.org or Krista Ott at Ottkk@cityofgainesville.org. Application due by June 16th 2017. There is a \$50 fee due before July 17th 2017.

Section 1 – To be completed by the parents

Applicant's Name: _____

Date of birth: _____ Age: _____ ♂ Male ♀ Female

Cellular Number; _____ Email: _____

Grade Entering August, 2017: _____ School: _____

Youth Shirt Size: Child - Sm Med Lg Adult - Sm Med Lg XLg 2X

Parent/Guardian #1 Name: _____
LAST FIRST

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Email Address: _____

Parent /Guardian #2 Name: _____
LAST FIRST

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Email Address: _____

Emergency Contact: _____ Cell Phone: _____

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

The following people may pick my child up from the Academy:

PLEASE CHECK:

_____ My child will be a walker.

_____ I will provide transportation for my child. He/she is NOT to walk to or from the Academy.

Section 2 – To be completed by the candidate for Summer 2017

Have you ever been expelled or suspended from school? If yes, please specify and explain.

YES NO

A criminal history will not necessarily exclude Candidates, but a failure to report will cause for immediate removal. Due to the nature of the program, we must know the type of individuals representing the Academy. Have you ever been arrested/ given a Juvenile citation, a suspect to a crime or questioned by the Law Enforcement? If yes, please explain.

YES NO

There are portions of the class that require physical effort as well as classroom training. Are you willing and able to freely accept the challenges that will come with the Public Safety Summer Camp?

YES NO

Attendance is required for all portions of the 4-day Camp. Will you commit to attend and participate the entire program, knowing that failure to do so constitute discharge from the Camp?

YES NO

TERMS OF ENROLLMENT

- ◆ Candidates are currently in 6th – 8th grade, with at least a 2.0 GPA.
- ◆ Candidates must attend all sessions every day. Unexcused absences are cause for dismissal.
- ◆ Candidates will adhere to the Rules and Regulations or will be **dismissed without review**
- ◆ Candidates should not bring any valuables to the program, including toys, jewelry, money etc. Staff is not responsible for loss/damage items. Staff will not hold or store these possessions.
- ◆ **Dress code** will be enforced daily. **Closed-toed sneakers everyday** (No sandals) **Black or Gray shorts** (gym style). T-shirts will be issued the 1st day.

The Camp will be held at the Oscar Lewis Center at 524 NW 1st St. Camp hours are 8:30 am – 4:30 pm. Candidates need to be picked up **promptly at 4:30 p.m.** Early drop-off hours are from 8:00 am - 8:30 am. Late pick- up hours is from 4:30 pm until 5:00 pm. Any candidate not picked up by 5:00pm will be charged a \$10.00 late fee per half hour. Public Safety Summer Camp Staff must be notified **PRIOR** to the first day of camp if early drop off or late pick up is needed. Do not drop students off before 8:00 am as there will be no supervision before that time.

RELEASE AND HOLD HARMLESS AGREEMENT (Parent or Guardian Complete if under 18)

I, (parent/ guardian) _____ hereby acknowledge that I am the parent or legal guardian for the minor child (Youth Name) _____.

In consideration for my minor child participating in the Public Safety Summer Camp, the undersigned hereby agrees that I will assume any and all risks resulting from the attendance and participation of my child at such functions and activities of the program. I further release the City of Gainesville and Gainesville Police Department or Gainesville Fire Rescue from any and all liability resulting from my minor child’s attendance and participation. I further agree to indemnify and hold harmless the City of Gainesville, its agents, employees, officers, directors and volunteers from any and all claims, demands, expenses and liability, whether for personal injury, death or property damage arising out of the participation of my minor child in a Public Safety Summer Camp function or activity. I further consent and authorize the City of Gainesville to make use of my minor child’s name, pictures, photographs and other likeness of the child in newspapers, advertisements or on the Gainesville Police Department’s or Gainesville Fire Rescue’s website to further promote its program.

I understand that these professions are, by nature, inherently dangerous. However, I also understand that my child will not be placed in any hazardous condition or atmosphere that would compromise his/her health or safety.

Medical clause:

If I cannot be reached in the case of an emergency, I hereby give my permission to the physician selected by the Public Safety Summer Camp’s authorized staff member to hospitalize secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

Parent /Guardian Signature _____ Date: _____

Name of Child’s Doctor: _____ Phone : _____

Name of Health Insurance Company: _____ ID No. _____