



# Public Safety Summer Camp



Information provided on this form is subject to the State of Florida public records law (Sec. 119.07, Fla. Statue). Under this law, the City is required to provide access to and copies of a non-exempt public record upon proper request from a member of the public.

## Public Safety Summer Camp Application – 2024

Held Monday July 8<sup>th</sup> - Friday July 12<sup>th</sup> 2024

**PLEASE EMAIL A COMPLETED APPLICATION BY June 24<sup>th</sup>, 2024. There is a \$50 fee for the camp. Ofc. R Shugan at [shuganri@cityofgainesville.org](mailto:shuganri@cityofgainesville.org) or Clarence Williams at [williamsca@cityofgainesville.org](mailto:williamsca@cityofgainesville.org).**

### Section 1 – To be completed by the parents

Applicant's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email: \_\_\_\_\_

Grade Entering August 2022: \_\_\_\_\_ 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***

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

- ◆ Fees must be paid upon arrival of the first day of camp.
- ◆ Candidates are currently in 6<sup>th</sup> – 8<sup>th</sup> or entering 9<sup>th</sup> 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)  
**Gym shorts & any T Shirt** for physical training every morning of the camp  
**PSS camp T-shirts** will be issued upon payment, used daily for field trips

The Camp will be held at the Oscar Lewis Center at 524 NW 1<sup>st</sup> St. Camp hours are 8:00 a.m. – 4:30 p.m. Candidates need to be picked up **promptly at 4:30 p.m.** Early drop-off hours are from 7:30 a.m. - 8:00 a.m. Late pick-up hours is from 4:30 p.m. until 5:00 p.m. Any candidate not picked up by 5p.m will be charged a \$10 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 7:30 a.m. as there will be no supervision before that time.

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

I understand that public safety is, by its 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.

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

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 Public Safety Summer Camp program. I further release the City of Gainesville, Alachua County, the Gainesville Police Department, Gainesville Fire Rescue, Alachua County Sheriff and Alachua County 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 and Alachua County, 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 and Alachua County to make use of my minor child's name, pictures, photographs and other likeness of the child in newspapers, advertisements or on its website(s) to promote its program.

### Medical clause:

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 or Alachua County 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. \_\_\_\_\_