

Public Safety Summer Camp



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Public Safety Summer Camp Application – 2025

Held Monday July 7th - Friday July 11th 2025

PLEASE EMAIL A COMPLETED APPLICATION BY June 20th, 2025. There is a \$50 fee for the camp. Ofc. R Shugan at shuganri@cityofgainesville.org or Clarence Williams at williamsca@cityofgainesville.org.

<u>Section 1 – To be completed by the parents</u>

Applicant's Name:			
Date of birth:			
Email:			
Grade Entering August 2025:	School:		
Youth Shirt Size: Child - Sm Med	Lg Adult - Sm	Med Lg XLg 2X	
D			
Parent/Guardian #1 Name:		FIRST	
Address:	Apt: City:	State:	Zip:
Home Phone:	Work Phone:	Cellular Phone:	
Email Address:			
Parent /Guardian #2 Name;		FIRST	
Address:	Apt: City:		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 u	ip from the i	Academy:	
PLEASE CHECK: My child will be a walker I will provide transportation for my o	child. He/sho	e is NOT to walk to or from the Academy.	
Section 2 – To be completed by the ca	ndidate		
Have you ever been expelled or suspend	led from sch	nool? If yes, please specify and explain.	
	□ YES	□NO	
A criminal history will not necessarily exc immediate removal. Due to the nature of representing the Academy. Have you eve crime or questioned by the Law Enforcen	the progran er been arre	n, we must know the type of individuals ested/ given a Juvenile citation, a suspect to a	
	☐ YES	□NO	
		effort as well as classroom training. Are you will come with the Public Safety Summer Camp?	
Attendance is required for all portions of the entire program, knowing that failure to		amp. Will you commit to attend and participate stitute discharge from the Camp?	
	☐ YES	□NO	

n your own words, explain why you should be a candidate in the Public Safety Summer Academy:
Please attach a second sheet of paper if you need more room to finish

TERMS OF ENROLLMENT

- Fees must be paid upon arrival of the first day of camp. If sponsorship is need please advise.
- Candidates are currently in 6th 8th or entering 9th 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 1st 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 <u>under</u> 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 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