



**P.A.C.C. Summer Camp
2019
Application**

(Police And Children Connecting)



OCALA POLICE DEPARTMENT

Ocala Police Department

Summer P.A.C.C. Camp

June 10 - July 19, 2019

Age on June 10th, 2019: _____ DOB: _____

Grade for 2019-2020 school year: _____

Current School: _____

Size shirt (circle one): CHILD - S M L ADULT - S M L XL XXL

Male: _____ Female: _____

Child's Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Work Phone # _____ Cell # _____

Please make sure all numbers are correct in the event of an emergency

Email Address: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Please make sure all numbers are correct in the event of an emergency

Email Address: _____

I UNDERSTAND THAT EVERYONE MUST HAVE A PHOTO ID IN ORDER TO PICK UP MY CHILD (INCLUDING MYSELF) EACH AND EVERY DAY OF PACC CAMP...NO EXCEPTIONS WILL BE MADE!!! Remember, a substitute teacher may not know you; therefore, BRING ID!!!

I understand there are NO REFUNDS: _____

(Signature)

Medical Information

Required information that will be needed in the case of an emergency

MUST BE COMPLETED FOR CHILD TO ATTEND PACC!!!

Child's Physician: _____

Phone #: _____

Insurance Company: _____

Group#: _____

Policy#: _____

Toll Free #: _____

Child's health (circle one): Excellent Good Fair Poor

Physical Condition: Please note conditions that may limit your child's participation and symptoms which may help us identify problems

List any known allergies or conditions: _____

List all medications/dosages your child takes on a regular or daily basis: _____

In the event that my child is injured or should become seriously ill while participating in the PACC program, I hereby give full authorization for all medical treatment and care to treat the injury or illness of my child. I understand that all reasonable efforts will be made to notify me immediately and that it is my responsibility to provide phone numbers where I can be reached while my child is in PACC program.

I certify that my child is in good health and suffers from NO DISABILITIES OR BEHAVIORAL CONDITIONS that would prevent him/her from effectively participating in the PACC program.

Signature of Parent/Guardian

Date

Child's Name: _____

(Print)

Pick Up/Drop-Off Information

I authorize **ONLY** the following person(s) to pick my child up, BE SURE TO ALSO **INCLUDE THE PARENTS** that are allowed to pick the child up (required due to divorce, foster, guardian, etc type situations!)

(Child's Name)

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Relationship</u>
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(INCLUDE PARENTS/STEP-PARENTS allowed to pick child up!!!)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

I understand that **NO ONE** will be permitted to pick my child up without a **PHOTO ID (including MYSELF)** or without being **on this pick up list**. Please note: **NO EXCEPTIONS WILL BE MADE**. This is for **YOUR** child's **SAFETY!!!**

Signature of Parent/Guardian

Date

**Ocala Police Department
Waiver of Liability
Acknowledgement and Release
(Non-Patrol Situations)
Document C**

This instrument is a complete waiver and release of any and all claims you may have if you are injured or subjected to traumatic circumstances while accompanying Officers of the Ocala Police Department as they perform their duties. Please do not sign it until you have read it in its entirety, understand it, and agree to its terms.

I, _____, voluntarily and knowingly execute this Waiver of Liability for myself/ my child, _____, with the express intention of extinguishing obligations, claims, and causes of action as herein set forth. I will be solely liable for expressly release, discharge and hold harmless the City of Ocala, its appointees, employees and agents from any and all injuries, claims, or cause of action that I may have, or claim to have known or unknown, or that any person claiming through me may have or claim to have, against the City of Ocala, it appointees, employees and agents created by or arising out of or during my occupying or riding in an Ocala Police Department vehicle.

It is my intention and desire that this Acknowledgement and Release be binding on my heirs, legal representatives and assigns and that its coverage extend to the appointees, employees, and agents of the City of Ocala and the Ocala Police Department.

_____ Affiliation	_____ Signature of Parents/Participant
_____ Authorizing Authority	_____ Date
_____ Authorizing Authority	_____ Witness (Officer)

I hereby certify that on this day before me, an officer duly qualified to take acknowledge, personally appeared, _____, and to me known to be the person described in and who executed the forgoing instrument and acknowledge before me that s/he executed the same. Witness my hand and seal in the aforementioned County and State on this _____ day of _____.

Notary Public **My Commission Expires:**

Emergency Phone Number: _____
Cell number: _____

This is for all summer activities.....

Police and Children Connecting

Demographics

Parents Name: _____

Childs Name: _____

Childs Age: _____

Address: _____

Do you live inside the city limits of Ocala: _____

Are you employed by the City of Ocala: _____

If yes, which Department: _____

Has your child attended P.A.C.C. before? Yes No

If yes, how many years _____

Circle One: Caucasian African-American

Hispanic Asian Pacific Islander

Caribbean Islander Bi-Racial



RELEASE FORM FOR MEDIA RECORDING

By signing this form, I give the City of Ocala/Ocala Police Department permission to publish or use, print or video/DVD images, or sound recordings of me, along with my name, for art, advertising, online usage, trade, public information and similar purposes.

I waive inspecting and/or approving the finished product of the copy that is used in connection with the publication.

I release the City of Ocala/Ocala Police Department from all rights, title and interest I may have in the finished videotapes, DVDs, still pictures, and/or sound recordings, duplicates, and prints for all City of Ocala/Ocala Police Department related purposes.

Note: For minors, a signature is required by BOTH the minor and parent/legal guardian.

Date: _____

Name of participant: _____

Address: _____

City/State: _____

Signature of participant: _____

Signature of Parent/legal guardian (if under 18): _____

Ocala Police Department

P.A.C.C. Camp Rules

- ❖ There are **NO** refunds and fees **MUST** be paid in full by **May 17th** or you **forfeit your child's spot**. Please keep receipts for tax purposes.
- ❖ PACC t-shirts **MUST** be worn **EVERY DAY** of PACC camp!!! **NO EXCEPTIONS!!!** There will be **THREE** t-shirts included with registration fee and extras may be ordered for \$8.00 each at the time of registration. **NO SHIRT MEANS NO CAMP THAT DAY!!!**
- ❖ Absences, such as vacations, will not change the price of the camp – all must pay the full fee regardless of whether or not the child will be attending for the full duration of camp.
- ❖ Sign in begins at **7:30 am**, **not before**. We need all children present by **8:30 am** due to leaving for certain field trips/activities AND lunch count has to be turned in prior to 9:00.
- ❖ All children are to be signed in and out by a parent, guardian or other person authorized – there is no dropping kids off to walk to class on their own.
- ❖ If you will be picking up your child early, please advise classroom teacher or officer ahead of time to assure where they will be at that time.
- ❖ If you pick up after **5:30 pm**, you are late! There is a late fee of **\$10.00** for every **15 minutes** that you are late. This will need to be paid prior to the start of the following day of camp. If not paid, your child will **not** be allowed to return until payment is made.
- ❖ Parents will **NOT** be permitted to go on field trips as chaperones.
- ❖ Students may **NOT** be dropped off or picked up at any location other than the camp site. Parents are **NOT** permitted to bring their child directly to any field trip or pick them up from a field trip site. **NO EXCEPTIONS!!!** This is for your child's safety.
- ❖ **ONLY CLOSED TOE SHOES ARE ALLOWED!!!** **NO** sandals or flip flops allowed for safety. Only **1-piece bathing suits** are allowed for water activities. Flip Flops/water shoes can be brought to wear during the time of water activities **ONLY**. **NO SHORT SHORTS!!!**
- ❖ Misbehavior is **NOT** tolerated. Children can be suspended from various trips/activities, for days of PACC camp or even for the remainder PACC Camp. No refunds will be given.
- ❖ Schedule of off campus field trips and lunch/snack menus are provided. **ALL subject to change**. Please be understanding of weather and technical difficulties.

Please Read, Sign and Return

X _____
Parent/Guardian Signature

X _____
Camper/Student Signature

P.A.C.C. Payment Coupons 2019

**1st Payment Due with
Application**

\$125

Ocala Police Department
Name/age of Child:

Questions call 352-427-3207
Non Refundable

2nd Payment Due April 19th, 2019

\$125

Ocala Police Department
Name/age of Child:

Questions call 352-427-3207
Non Refundable

**Final Payment Due May 17, 2019
or FORFEIT SPOT**

\$125

Ocala Police Department
Name/age of Child:

Questions call 352-427-3207
Non Refundable