

City of Gulf Breeze
Gulf Breeze Community Center
Summer Day Camp

800 Shoreline Drive, Gulf Breeze, FL 32561 (850) 934-5140

www.cityofgulfbreeze.us

CAMP INFORMATION

The City of Gulf Breeze provides a summer day camp experience for boys and girls, ages 5-14. Children must have completed Kindergarten in order to attend camp. They are grouped together by the following grades K/1st, 2nd /3rd, 4th /5th, and 6th/7th/8th. The children have the opportunity to develop skills in a supervised atmosphere with children their own age. Each activity is age appropriate. We provide a snack and a drink twice a day, and there is water available.

DATES: Monday: June 14, 2021 – Monday: August 9, 2021

We will be closed on July 5, 2021

COST: \$20.00 DAILY for the first child and \$15.00 for each additional child

**Payments can be made at the Gulf Breeze Community Center (Monday-Friday from 1pm-8pm)
or by calling (850) 934-5140**

**CAMP HOURS: MONDAY – FRIDAY
7:30AM – 5:30PM**

1. Bring a towel, sunscreen, and bathing suit daily.
2. Children must wear tennis shoes; they can bring flip flops or sandals for the beach/splash pad.
3. Snacks from the concession will only be allowed to be purchased during official snack times.
4. We cannot be responsible for lost or broken items. This is why we strongly discourage parents from sending expensive toys and electronics to camp; i.e. cell phones, iPads, and gaming devices.
5. Label all items clearly with your child's first and last names.
6. Please do not send lunches that must be cooked or warmed in the microwave.
7. After 5:30PM, a late pickup charge of \$5.00 will be added for each fifteen-minute period thereafter.

Thank you for your cooperation!

Early registration and advance payment are recommended due to "first day" congestion. Registration can only be done in person; no phone or online registrations will be accepted at this time. In order to participate, this registration form must be returned completed, with an active E-mail address listed. Registration forms MUST be completed and signed by the child's parent or guardian. A Driver's License or official Photo I.D. is required and will be scanned and kept on file for safety purposes. Anyone picking up a child from camp must come to the front desk to sign the child out.

Registration forms are available at the Community Center or online at <https://cityofgulfbreeze.us>

For updates and additional information, follow us on Facebook at

<https://www.facebook.com/GBParksnRec>

****PLEASE KEEP THIS FRONT PAGE FOR YOUR RECORDS OF OUR PAYMENT POLICY, KEY DATES, AND INFORMATION REGARDING CAMP PROCEDURES.**

Temperature checks will be conducted daily for all participants and parents entering the facility. Therefore, advance registration and payments are critically important!

APPLICATION FOR SUMMER CAMP AT THE GULF BREEZE COMMUNITY CENTER

800 Shoreline Drive, Gulf Breeze, FL 32561 (850) 934-5140

Camp Coordinator:

Child's Name _____ Gender M F

Age _____ Grade _____ Child's Birth Date _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Mother _____ Cell _____ Work _____

Email _____ ***Tax Information will be sent via E-Mail**

Father _____ Cell _____ Work _____

Email _____ ***Tax Information will be sent via E-Mail**

Emergency Name _____ Cell _____ Work _____

Address _____ City _____ State _____ Zip _____

Name(s) and Phone Number(s) of person(s) authorized to pick up child:

RELEASE

IMPORTANT: READ RELEASE BEFORE SIGNING!!!

In consideration of my child, _____,
(hereinafter "child") being permitted to participate in the Summer Camp sponsored by the City of Gulf Breeze, Florida, I, in my individual capacity as natural or legal guardian of the above named child, hereby waive, release and discharge any and all claims for death, personal injury, illness or property damage which may result from my child's participation in this Summer Camp, even though that liability may arise out of negligence or carelessness on the part of employees, agents, or representatives of the City of Gulf Breeze.

I understand that some of the activities related to this Summer Camp include physical contact, physical exertion and outdoor activities with exposure to seasonal heat and cold. I further understand that in connection with such summer camp activities, accidents may occur resulting in sickness, injury or death to my child. I acknowledge that my child is emotionally, mentally and physically able to participate in such summer camp activities. Knowing the risks of my child's participation in summer camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless the City of Gulf Breeze, Florida, and all those persons and entities mentioned above whom, through their negligence or carelessness or any other reason, might be liable for damages.

I further understand and agree that this waiver, release and assumption of risk are to be binding on my heirs, assigns and representatives and upon all heirs, assigns, and representatives of my child. I further state that I have carefully read this Release, Know and Understand the contents of this Release, and have signed this Release freely and voluntarily.

When executed by a legal guardian, the term "child" shall be construed to be "We" or "Our" respectively.

Having carefully read the above Release, I give my child, _____, permission to participate in the Summer Camp sponsored by the City of Gulf Breeze.

Date _____ Father/Guardian signature _____

Date _____ Mother/Guardian signature _____

See other side

THE GULF BREEZE COMMUNITY CENTER
SUMMER DAY CAMP

MEDICAL INFORMATION

Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

Any Medications _____

Allergies _____

Any further medical information that you think we should know _____

The patient and others whose signatures are attached below do hereby consent to and authorize any emergency medical treatment for the child/ward should the need arise for such treatment while the child/ward is under supervision of the employees, agents, or representatives of the City of Gulf Breeze, which may be deemed advisable by his or her physician and surgeons. The intention hereof being to grant authority to administer and to perform all patient care to be deemed advisable or necessary. I further hereby authorize the disclosure of the child/ward's individually identifiable health information should illness or injury arise. I understand that all charges will be my responsibility. In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

Minor patient _____ Date _____

Father _____ Date _____

Mother _____ Date _____

PHOTO RELEASE FORM FOR MINORS (Optional)

The Gulf Breeze Community Center has my permission to use my or my child's photograph publically to promote the Community Center. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature _____ Date _____

Parent/Guardian's Name _____

Child's Name _____