



Sanctuary on 8th Street Summer Camp ****WAITLIST**** Enrollment Form

Camp runs Monday – Friday, June 10 – July 9, 8 a.m.-5 p.m. Camp activities occur 9 a.m. – 4 p.m. There is **NO CAMP ON JUNE 19 OR JULY 4**. Entrance to camp is based on availability. (All applicants will be notified). **MANDATORY Family Orientation: (choose one): 5/13 or 5/20, 5:15-5:45 p.m.**

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

Date of Birth: ____/____/____ Gender: ____M____F

Name of Child's School for NEXT school year: _____

Grade for Next School Year: _____ (child must have completed kindergarten to enroll)

Student ID#: S _____ Last 4 of Social Security # _____

Race: ___White/Caucasian ___Native American ___Asian/Pacific ___Black or African/American
___Hispanic ___Multiracial ___Prefer Not To Answer

Child's Address: _____ Apt. # _____ Zip Code: _____

Parent/Guardian/Foster Parent Information: (please provide two names if applicable)

First /Last Name: _____ Phone: _____

First/Last Name: _____ Phone: _____

Parent E-mail Address: _____

Emergency Contact If Parent/Guardian Cannot Be Reached*:

Name: _____ Phone: _____

*Person to be contacted in case of illness, accident, or emergency who is authorized to remove the child from the facility in the absence of a parent/guardian or if we cannot reach the parent/guardian.

In addition to Parents/Guardians listed above, the following person(s) are authorized to pick up my child:

Name: _____ Phone: (_____) _____

Relationship to child: _____

Name: _____ Phone: (_____) _____

Relationship to child: _____

Name: _____ Phone: (_____) _____

Relationship to child: _____

1. Is your child allowed to walk home at the end of the day*? _____ Yes _____ No

**If yes, please contact Rick Cartlidge to discuss a safety plan for your child.*

2. Does your child have any behavior issues that we should be aware of? _____ Yes _____ No

(If "Yes" please, explain. This question is to help us help your child to the best of our ability.)

3. Does your child have any special medical needs? _____ Yes _____ No (If "Yes," please, explain):

4. Is your child currently taking medication to alter or modify behavior and/or mood?

_____ Yes _____ No (If "Yes" please, explain):

5. Does your child have any allergies _____ Yes _____ No (If "Yes" please, explain):

Kids Hope Alliance Data:

The Sanctuary on 8th Street after-school and summer programs are partially funded by a grant through the City of Jacksonville Kids Hope Alliance, as well as a grant through United Way of Northeast Florida. To obtain this funding, we need to collect the following information.

1. Is your child eligible to receive free or reduced lunch at his or her school? _____ Yes _____ No

2. Is your family enrolled in TANF, WIC and/or Medicaid? _____ Yes _____ No

3. Please provide an estimate of your family's annual income \$ _____/year.

Number of members in household: _____

Registration Fees:

Registration fees for the 6-week summer camp program are as follows:

- **\$10 if you have one child enrolled in the program**
- **\$20 if you have two or more children enrolled.** Please pay cash or check made payable to: Sanctuary on 8th Street. OR you can make payment using the DONATE button at www.sanctuaryon8th.org, using the dropdown option "summer camp". **Fees are due with the application.**

Summer Camp General Information:

Sanctuary on 8th Street Summer Camp runs **Monday through Friday** for six weeks, **June 10 – July 19, 8 a.m. - 5 p.m. Camp activities occur 9 a.m. – 4 p.m.** There is NO camp on Wednesday, June 19th in observance of Juneteenth, or Thursday, July 4th in observance of Independence Day.

Campers must have completed kindergarten to enroll. Camp activities are targeted to elementary and middle school students. If you have a high schooler who wants to attend, please contact us to discuss options.

Each week, your child will have the opportunity to participate in many academic, enrichment, and physical activities in areas such as arts and crafts, literacy, STEM, social and emotional learning, health and exercise, and service learning. There will also be daily opportunities for free play and games. The Sanctuary will provide a safe, loving and fun environment for all youth in our summer program.

Lunch and an afternoon snack are provided each day through the Kids Hope Alliance Summer Meals Program. A full breakfast is not provided, but we offer fruit and/or granola bar for students who arrive before 8:45 a.m.

Please have your child bring a refillable water bottle each day with his/her name on it. We will provide a water bottle if needed. Staying hydrated during the heat of the summer is extremely important. To prevent the spread of colds and flu, please keep your child home if he/she is ill.

We will send parents more information about specific field trips as they approach. We will often have to drive our vans to get to field trip locations. Please talk to your child about the importance of wearing his/her seatbelts correctly while on the van, or they will not be about to attend field trips.

As the start of summer camp approaches, we will distribute a parent handout with more specific information. We are asking families to communicate with Sanctuary staff regarding any issues they experience, questions or concerns. We will also be reaching out any time our procedures need to be adjusted. Please be responsive to texts, phone calls, and emails to the best of your ability. THANK YOU!

For More Information,
Phone: 904.356.3588
Website: Sanctuaryon8th.org
Email: rick@sanctuaryon8th.org



Follow and Like us on Social Media
@sanctuaryon8th



Please review the remainder of this form. A signature from the parent/guardian is required to ensure your child's participation.

PLEASE read the following sections carefully before signing. Your signature at the bottom of the application indicates your acknowledgement of and agreement with ALL of the following:

Student Behavior Policies:

Sanctuary staff have three important guidelines for student behavior: work hard, be nice, and have a good attitude. We work constantly with our children to help them improve their behavior, and we are asking for parent and family support as well. Students who demonstrate these three actions will earn the ability to attend field trips and will earn bracelets to spend in the "store". Students who repeatedly disregard these guidelines, despite redirection by staff, are subject to receiving a day off from the after-school program, at the director's discretion. If the behavior continues after multiple days off, the student could face removal from the program, at the director's discretion.

General Release of Liability:

1. This is a Release of Liability and a waiver of legal rights. It deprives you of the right to sue the Sanctuary on 8th Street and other people and entities. Do not sign it unless you have read it in its entirety.
2. The Sanctuary on 8th Street is an after-school youth development program and summer camp ("the Program"). I confirm that I am the parent or legal guardian for the child listed in the Sanctuary on 8th Street 2023-24 After School Application ("my child"). I give permission for my child to participate in all Program activities unless I provide other directions in writing. I understand that some Program activities include the risk of injury. I assume that risk and personal responsibility for damages resulting from injury to my child related to Program activities.
3. If I have concerns with Program policies, I will discuss them with the Executive Director.
4. I agree to release and hold harmless and covenant not to sue any of the entities and people listed in paragraph 5 of this Release of Liability for any injury or property damage suffered by my child that is related to my child's participation in Program activities, including any injury or property damage related to transportation to Program activities. This Release of Liability binds me, my child, my child's other parents and guardians, and the next of kin of my child, me, and any other guardians.
5. This Release of Liability applies to:
 - a. The Sanctuary on 8th Street, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
 - b. The City of Jacksonville, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
 - c. The Kids Hope Alliance, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
 - d. Other Program participants and their parents, legal guardians, and next of kin.
 - e. Sponsoring agencies and individuals, donors, and advertisers.
 - f. Owners and lessors of property used for Program activities.

Summer Camp Field Trip Release:

I understand that as a participant of the Sanctuary on 8th Street summer camp, my child is eligible for field trips, experience trips, community service trips, and other offsite activities based on good behavior and participation in the program. I give my permission for my child to participate in all trips and understand that my child may be transported by Sanctuary on 8th Street vans or rented vehicles. I understand and agree that the Release of Liability which I have executed extends to all offsite activities, including the transportation to and from those offsite activities.

Authorization for Emergency Care:

In case of accident or serious illness, and the program site is unable to reach me, I hereby authorize Sanctuary on 8th Street to make whatever arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain in the program, I will be contacted, or transportation arrangements will be made for my child. If the program is unable to reach me, I authorize Sanctuary on 8th Street to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Summer Camp Swimming Release:

Please check **ONE** of the following:

- _____My child knows how to swim and I give him/her permission to swim in deep and shallow water.
- _____My child knows how to swim and I give him/her permission to swim in shallow water only.
- _____My child DOES NOT KNOW how to swim and I give permission for him/her to swim in shallow water only with a life guard on duty.
- _____My child may not swim at any time.

Voice and Image Public Relations Release:

I hereby grant the Sanctuary on 8th Street the right to use my child's name and photographs/videos of my child involved in Sanctuary on 8th Street activities (either on or off site) at any time for editorial, illustration, promotional, advertising, media coverage and/or similar purposes in connection with any publication or activity as part of Sanctuary on 8th Street. I agree to allow my child's name and/or photograph to be used on Facebook, Instagram, other social media sites and/or the Sanctuary on 8th Street website. I also give my consent for my child to be interviewed by the media regarding their participation in Sanctuary on 8th Street programs. I also understand Sanctuary on 8th Street may release photos of my child to partner organizations, funders, media, etc. for use in their promotional purposes and allow same to take promotional photos/videos.

School Information Release:

I understand that one of the goals of the Sanctuary on 8th Street is to assist my child with school success in both the summer camp and after school learning programs. As such, I give permission to Sanctuary on 8th Street to access my child's school records (official school files to include academic, attendance, discipline, test scores, IEP plans and all other areas) through the Duval County Public Schools and Kids Hope Alliance. I give permission to Sanctuary on 8th Street to continue tracking my child's progress after they leave the program unless I specifically request in writing that they do not do so. I will provide a copy of my child's report card to the Sanctuary on 8th Street each quarter as well as other school documents that relate to my child's success. I understand that the Sanctuary on 8th Street will share information with individual staff members and Kids Hope Alliance staff as needed to help with my child's success but that there are written policies and procedures in place for confidentiality of my child's records.

Application is NOT considered complete unless signed below to indicate agreement with all of the above. Please make sure you have read this application carefully.

Child's Name (Print)

Parent or Legal Guardian Name (Print)

Parent or Legal Guardian Signature

Date



BOYS & GIRLS CLUBS
OF NORTHEAST FLORIDA

“BGCNF Summer Camp at McKenzie’s Camp Deep Pond”

**Release, Indemnification
of all Claims and Covenant Not to Sue**

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising from your participation in the “BGCNF Summer Camp at McKenzie’s Camp Deep Pond” or at any time in the future.

Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the “BGCNF Summer Camp at McKenzie’s Camp Deep Pond” is considered a high-risk activity which poses several inherent risks. I have full knowledge of the nature and extent of all the risks associate with “BGCNF Summer Camp at McKenzie’s Camp Deep Pond”, and the use of any associated equipment including, but in no way limited to: Outdoor activities, play, games, sports, swimming, kayaking, biking, archery, campfire, grilling, hiking and any other outdoor activities, animal and insect bites, allergic reaction or other reaction, natural and man-made hazards, activities that could cause death or harm such as head injuries, paralysis, broken bones, lacerations, contusions, illness, burns, respiratory and other bodily injury or harm, drowning, property damage or loss, etc. volunteer work projects, use of tools and injuries or death that may occur while performing volunteer service. I further acknowledge that the above list is not inclusive of all possible risks associated with “BGCNF Summer Camp at McKenzie’s Camp Deep Pond” and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release, Indemnification and Covenant Not to Sue

In consideration of my participation in “BGCNF Summer Camp at McKenzie’s Camp Deep Pond”, I, _____, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Boys & Girls Clubs of Northeast Florida, its officers, directors, agents, employees, volunteers and representatives (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever, including but not limited to, claims of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Boys & Girls Clubs of Northeast Florida on account of personal injury, property damage, death or accident of any kind, arising out of, or in any way related to, my participation in “BGCNF Summer Camp at McKenzie’s Camp Deep Pond”, or the use of any associated equipment whether that participation and use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to, the NEGLIGENCE of Releasees. In consideration of my participation in “BGCNF Summer Camp at McKenzie’s Camp Deep Pond”, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in “BGCNF Summer Camp at McKenzie’s Camp Deep Pond”, I, the undersigned, expressly agree that this document is intended to be as broad and inclusive as permitted by the law of Florida and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Florida and that the courts of Florida/Duval shall be the exclusive venue for any and all disputes relating to or arising from this document. “BGCNF Summer Camp at McKenzie’s Camp Deep Pond”. I further certify that my date of birth is _____ (month/date/year), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

Participant Signature

Participant Name (Print Clearly) _____

Parent/Guardian signature if participant/user is under 18

Parent/Guardian Name (Print Clearly) _____

Date _____

My organization Sanctuary on 8th Street, Group leader _____

Date of visit to BGCNF McKenzie’s Camp Deep Pond June 12, 2024 (girls)

June 13, 2024 (boys)