



PARKS AND RECREATION DEPARTMENT

# CHILD PROFILE SHEET 2024

Camp Attending

Siena  Discovery

Child's Name: \_\_\_\_\_ D.O. B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First)

Home Address: \_\_\_\_\_  
 (Street/PO Box) (City) (State) (Zip)

## Contact Information

**Contact Name 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Contact: (First) (Last)  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street/Po Box) (City) (State) (Zip)  
**Email Address:** \_\_\_\_\_

**Contact Name 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Contact: (First) (Last)  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street/Po Box) (City) (State) (Zip)  
**Email Address:** \_\_\_\_\_

**Emergency Contact:** in the event that primary contacts can't be reached.  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PICK UP ELIGIBILITY

Additionally, I hereby authorize these individuals to pick up my child.  
**All people picking up a child may be required to show a form of photo identification, AND must be 18 or older.**  
*Requests to add or delete eligible individuals to pick up your child must be done in person with the camp coordinator.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize my child to depart on his/her own at the end of the day. I am aware that upon my child's departure, the City of Meridian cannot, and will not, provide any further adult supervision or support to my child. I acknowledge that my child's unsupervised departure from Camp presents risks, some of which are unknown, and agree to assume all associated risks.

Parent Initials

## MEDICAL INFORMATION

Please list any medical information regarding your child's health that may affect their ability to participate: (Health, Allergies, Medications) \_\_\_\_\_

Special Needs or Requests for Assistance: \_\_\_\_\_

Will your child be bringing any medications to camp? Yes, No If yes, please list \_\_\_\_\_

**Please note: Meridian Parks and Recreation employees CANNOT administer medications.**

**All prescription medications must be in the container issued by the pharmacy with the child's name on the container.**

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### **AUTHORIZATION FOR EMERGENCY TREATMENT/LIABILITY WAIVER**

***Your signature/e-signature below indicates your understanding that participation in this recreational activity is subject to these conditions.***

*1. I agree to participate in and/or or allow my child to participate in the activity offered by the City of Meridian, and acknowledge that such participation presents risks, some of which are unknown. I agree to assume all risks associated with my/my child's participation.*

*2. I hereby release and forever discharge the City, its agents and employees from all real or possible claims for damages or other harm to person or property not attributable to the tortious conduct of City's agents' employees, regardless of the manner by which such claim may be brought.*

*3. I acknowledge that City staff will, as reasonable and feasible, follow best known practices and adopted protocols for preventing the transmission of disease, but I do acknowledge that due to my child's participation in this activity, there is an associated risk of person-to-person transmission of communicable diseases, including, but not limited to, COVID-19, and I do assume this risk and specifically agree to allow my child to participate notwithstanding such risk.*

*4. I acknowledge that the activity may be canceled with or without notice to me, due to unforeseen conditions beyond the control of the City, including, but not limited to, public health hazard, governmental order, or act of God.*

*5. I consent to and authorize first aid, emergency medical care, and/or hospitalization for treatment of injuries or illness that I sustain or my child sustains while or as a result of participating in this activity. I understand that I am solely responsible for any and all expenses that are incurred as a result of any accident or illness incurred while or as a result of participating in this activity.*

*6. I consent to the publication and/or use of any photographs or recordings of me/my child by the City of Meridian for promotional purposes.*

*7. I understand that my approval (submission) of this child profile sheet (agreement) means that I cannot bring a claim against the City, its agents, and/or its employees.*

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Signature of Parent or Guardian

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Date