



# CHILD PROFILE SHEET 2018

Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARKS AND RECREATION  
DEPARTMENT

## Camp Attending

Outdoor Adventure Camp      Sports Camp  
 Mer-IDA-Moo      Willow Creek      Siena      Discovery

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

**Contact Name 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Contact (First) (Last)

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street/Po Box) (City) (State) (Zip)

### Emergency Contacts- in the event that contacts can't be reached.

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

### PICK UP ELIGIBILITY

I hereby authorize the individuals listed below to pick up my child from the Meridian Parks and Recreation program. Please include all authorized people including **yourself and spouse**. For your child's safety, City staff will not allow your child to leave with anyone who is not listed below. **Requests to add or delete eligible individuals to pick up your child must be done in person.**

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

I authorize my child to arrive and/or depart on his/her own at the beginning and/or end of the day.

## MEDICAL INFORMATION

Please Describe any allergies or conditions that may affect your child's ability to participate in the activities (asthma, food allergies, bee stings, etc.): \_\_\_\_\_

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

Please provide information about any behavioral challenges or environmental factors that influence your child's behavior:

What actions or tools are effective in redirecting your child's behavior?

Does your child take any prescription medications that will affect their ability to participate in the City activity?  Yes  No

If yes, please tell us how it might affect your child's ability to participate including if these medications interact with the sun.

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

All prescription medications must be in the container issued by the pharmacy with the child's name on the container. **Please note that Parks and Recreation employees and volunteers cannot administer medications.**

## **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 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 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.*
4. *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.*
5. *I understand that my approval of this agreement means that I cannot later bring a claim against the City, its agents, and/or its employees.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date