



Meridian Parks & Recreation  
Summer Camp

Dear Campers and Families,

Welcome to Meridian Parks and Recreation Summer Camp! We are so happy to have you joining us this summer for what's sure to be some amazing fun in the sun! We have an adventurous summer planned that is packed with plenty of engaging and exciting activities!

Though we are excited for camp to begin, we are proceeding with caution in order to prevent the spread of the COVID-19 virus in our community. We will be observing some enhanced sanitation and social distancing protocols and would ask that all campers and parents help us to keep summer camp a safe and sanitary place. If conditions related to the spread of COVID-19 change, we will update the plan and will keep you informed as needed.

Camp Mer-IDA-Moo will take at the following schools:

**Siena Elementary**

2870 E Rome Dr.

**Discovery Elementary**

2100 E. Leighfield Dr.

Each day it is important to remember to bring the following items:

- Lunch
- Snacks
- Water bottle
- Comfy shoes; NO flip-flops please!
- Weather appropriate clothing
- Sunscreen

Please follow the link below to fill out the child profile sheet. A profile sheet needs to be filled out for each child attending camp. If you child has an allergic condition please note it on the form and let the staff know if further follow up is needed.

Please return the paperwork no later than the Wednesday afternoon before the Monday that your camper(s) start camp. Forms may be turned in via email or fax:

email: [recreation@meridiancity.org](mailto:recreation@meridiancity.org)

Fax: 208-898-5501

If your camper is unable to attend camp, please call Meridian Parks and Recreation by the Wednesday before camp session begins.

- You will be given a full refund, minus a five dollar service charge
- If needing to withdraw from camp after the Wednesday prior to the start a camp, no refund will be given. *\*exception for unforeseeable emergencies*

**Please note this year we will be adding check in procedures, and drop off protocols will be set in place before your child can enter the facility to help prevent the spread of COVID-19. Some of these processes will consist of daily temperature checks and a health assessment that you can find included in the parent packet.**

We are looking forward to a great summer of fun. If you have any questions, please be in touch!

Sincerely,

**Jenna Fletcher**

Recreation Coordinator

Meridian Parks and Recreation

Phone: 208.888.3579

Fax: 208.898.5501

[Meridian Parks and Recreation website](#)



# Child Profile Sheet 2020

## Camp Attending

**Mer-IDA-Moo**

**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

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.**

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

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

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

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



## PARKS AND RECREATION

Meridian Parks and Recreation staff will ask the following questions every Monday, Wednesday, and Friday to help prevent the potential spread of COVID-19

Meridian Park and Recreation Staff will take child's temperature every day before entering the building

Childs Name: \_\_\_\_\_

**If ANY of the following are answered yes,**  
we ask that you not come to camp at this time,  
and recommend you contact your physician for  
fever or active cough/shortness of breath

Fever > 100.4F (38C)	YES	NO	UNKNOWN
	Record highest recorded temperature & method _____		
Do you have any active cough, or continued shortness of breath?	YES	NO	UNKNOWN
Have you been in contact with anyone with a symptom of COVID or confirmed case of CoVID-19?	YES	NO	UNKNOWN
Have you travelled internationally or had a layover/connecting flight in the past 14 days in a restricted country? **	YES	NO	UNKNOWN
<b>If you answer YES to 2 or more of the below, we ask that you not come to camp at this time, and recommend you contact your physician</b>			
Chills	YES	NO	UNKNOWN
Sore Throat	YES	NO	UNKNOWN
Headache	YES	NO	UNKNOWN
New loss of taste of smell	YES	NO	UNKNOWN
Muscle Pain	YES	NO	UNKNOWN

\*Lower respiratory illness includes cough or shortness of breath

\*\* Affected geographic areas include China, Iran, Italy, Japan, & South Korea

If you answer YES to any of the questions above, you will not able to attend camp.

We want to protect the health and safety of all participants and staff, and we will issue a full refund.