

## Addendum to Parent Handbook

### 2020 Camp Fire COVID-19 Policies



COVID-19 is spread from person to person through contact that is close enough to share droplets by coughing, sneezing, speaking and even just breathing. COVID-19 can also be spread by touching objects where contaminated droplets have landed. Because of this easy manner of transmission a person who is infected with COVID-19 can spread the infection to others they come in close contact with, even if they have mild or no symptoms.

A number of changes have been made to our daily operating procedures to protect children and staff and ensure they do not bring infection to others such as family members. These policies align with guidance from the CDC and Texas Department of Health and Human Services and will be updated if, and when, such guidance is changed. The intent is to limit the number of individuals that children and staff have contact with to reduce the possibility of transmission.

- Children will be kept in cohorts of 10 and will not mix with other groups at any time.
- Staff will receive additional training specific to COVID-19.
- Campers must sign up for all 4 weeks of camp and will remain with the same cohort throughout the summer. Siblings will be assigned to the same cohort.
- AM and PM Staff will be assigned to the same cohort throughout the summer.
- Staff and children will wear cloth face coverings while indoors except during meals.
- Social distancing will be practiced as much as possible indoors and outdoors. Furniture will be arranged 6 feet apart and children will line up for transitions 6 feet apart.
- Activities will take place outdoors as much as possible. Face coverings are not required outdoors.
- Visitors and parents are not allowed in the building.
- No field trips will take place this summer.
- Children will be dropped off outside the building and staff will conduct a health check including taking temperatures.
- Drop off time is 7:30 – 9:00 a.m. in order to ensure staff are available to greet your child. If there is no one at the entry, please call the site cell phone.
- If campers have not arrived by 9:00 a.m. and staff have not been notified to expect an absence, staff will call to get an update on status.
- Pick up time is 4:00 – 5:30 p.m. If staff are not at the entry, please call the site cell phone and your child will be brought to the car.
- Parents/Guardians should bring their own pen to sign their child in and out each day.

We ask that the same individual drop off and pick up children daily. Again, this is to reduce the number of individuals staff and children have contact with.

#### Screening

- Staff and children cannot attend if sick. Anyone with the following symptoms of COVID-19 will not be able to enter the building.
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills

- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- A forehead temperature of 100.4 degrees Fahrenheit
- Known close contact with a person who is lab-confirmed to have COVID-19
- Staff or children that develop these symptoms during the day will be isolated and must leave as quickly as possible.
- Staff or children with new or worsening symptoms above may not return until:
  - An individual diagnosed with COVID-19 must meet all three of the following criteria: at least 72 hours since recovery, improvement in respiratory symptoms, and at least 10 days since symptoms first appeared or
  - In the case of an individual that has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19 and they must meet the three-step criteria above or
  - If the individual wants to return before completing the self-isolation period, the person must obtain a medical professional's note clearing them for return based on an alternative diagnosis.
- Staff or children with known close contact to a person who is lab-confirmed to have COVID-19 must self-quarantine for 14 days from the last date of exposure and monitor their health for symptoms.
- It is highly recommended that social distancing is practiced before and during the time your child is at camp.

### **Sanitation and cleaning**

- Camp Fire will provide individual art materials and supplies for each child and shared items such as books, toys, and games will be rotated out, cleaned and sanitized after each use.
- Handwashing will be monitored and frequent.
- Staff will follow CDC guidelines for cleaning and sanitation. Campers should bring only the following items from home: lunch in an insulated bag or kit, a filled water bottle, and an extra set of clothes if needed. Please be sure to label each of these items. Youth are not to bring outside toys or electronics. Books will be permitted at the site but must not be shared with other campers. Bins will be provided for storage.



**Assumption of the Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19/MIS-C**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. In addition, an emerging pediatric multi-system inflammatory syndrome is being observed among children and young adults in the United States and is being referred to as multi-system inflammatory syndrome (“MIS-C”). It is believed that MIS-C is related to exposure to COVID-19. Evidence has shown that COVID-19 and MIS-C can cause serious and potentially life-threatening illness and even death.

**Camp Fire First Texas (“Camp Fire”)** has put in place preventative measures in an attempt to reduce the spread of COVID-19 and MIS-C; however, Camp Fire **cannot guarantee** that you and/or your child(ren) will not become infected with COVID-19 or MIS-C. Further, attending programs offered by Camp Fire (the “Program(s)”) **could expose yourself to or increase the risk** of you and/or your child(ren) contracting COVID-19 or MIS-C.

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By signing this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19/MIS-C (“*Waiver*”), I, for myself, and on behalf of my child(ren), acknowledge the contagious nature of COVID-19 or MIS-C and voluntarily assume the risk that by my child(ren) attending the Program(s), I and/or my child(ren) may be exposed to and infected by COVID-19 or MIS-C, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 or MIS-C at the Program(s) offered by Camp Fire may result from the actions, omissions, negligence, or gross negligence of me, my child(ren) and others, including, but not limited to, Camp Fire employees, volunteers, and the Program(s) participants and their families.

**AS OF THE EFFECTIVE DATE, I, FOR MYSELF, AND ON BEHALF OF MY CHILD(REN), FAMILY, SPOUSE, ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND AGENTS, VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO ME AND MY CHILD(REN) (INCLUDING, BUT NOT LIMITED TO, MONETARY LOSS, PERSONAL INJURY, DISABILITY, AND DEATH, ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)’S ATTENDANCE OF AND PARTICIPATION IN THE PROGRAMS (“CLAIMS”), HOWEVER CAUSED AND WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASED PARTIES (AS HEREAFTER DEFINED) OR ANOTHER PARTICIPANT.**

I, FOR MYSELF, AND ON BEHALF OF MY CHILD(REN), HEREBY FOREVER RELEASE, WAIVE OUR RIGHTS TO SUE, DISCHARGE, AND HOLD HARMLESS CAMP FIRE FIRST TEXAS AND ALEDO ISD, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, AND REPRESENTATIVES, INDEPENDENT CONTRACTORS, AFFILIATES, SUCCESSORS, AND ASSIGNS (“RELEASED PARTIES”), FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, JUDGMENTS, CAUSES OF ACTION, LOSSES, COSTS OR EXPENSES (INCLUDING ATTORNEYS FEES) OF ANY KIND ARISING OUT OF OR RELATING THERETO, HOWEVER CAUSED, WHETHER KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, WHETHER CAUSED IN WHOLE IN PART BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASED PARTIES, AND WHETHER A COVID-19 OR MIS-C INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY PROGRAMS.

By my signature below, I agree, acknowledge and consent that this Waiver is fully enforceable, and is binding upon me and my and my child(ren)’s legal representatives, heirs, administrators, guardians, executors, successors and assigns. This Waiver is irrevocable and is binding immediately upon execution and cannot be modified, amended or limited unless agreed upon in writing by me and Camp Fire. In the event any provision or part of this Waiver is found to be invalid or unenforceable, only that particular provision or part so found, and not the entire Agreement, will be inoperative.

**CHOICE OF LAW:** I understand and agree that the law of the State of Texas will apply to this Waiver, and shall be governed by and construed in accordance with Texas law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Wavier as a whole.

By executing this Waiver, I acknowledge that I have carefully read the foregoing, fully understand the terms and consequences of the Waiver, I execute this document for full, adequate, and complete consideration fully intend to be bound by the same and as of the date signed below (“Effective Date”) freely and knowingly assume the risk and waive my rights and my child’s rights concerning liability as described above.

Program Participant(s): \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

**BOTH PARENTS/GUARDIANS MUST SIGN**

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



## Release of Liability

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**Name of Participant**

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**Date of Birth**

As a participant in the Camp Fire After School /Summer programs, I agree to hold harmless and indemnify Camp Fire First Texas, its board and staff, and any authorized representative thereof, for any and all Liability incurred for personal injury or property damage resulting from use of participating Camp Fire program facilities and equipment. I also understand that I am responsible for abiding and will abide by the rules, regulations, policies and guidelines for Camp Fire programs/activities held there, which have been provided.

I give my permission for my child and/or I to be photographed and/or videotaped by Camp Fire and other organizations or individuals approved and/or accompanied by the Director for purposes of advertising, public relations and family enrichment. I agree that any photographs, statements or video becomes the exclusive property of Camp Fire First Texas and I waive all rights thereto. I waive all rights to inspect and/or approve any published matter that may be used in conjunction with the consent and the use to which it may be applied.

I understand by signing my name below, this constitutes a legal signature confirming that I have carefully read the Release of Liability and fully understand this document and certifies the information provided to be true and correct to the best of my knowledge, and that this information can be used for the purpose of enrolling my child/ren in Camp Fire After School/Summer programs.

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Signature of Parent or Legally Authorized Representative

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Date

**Please return to:**

**[AfterSchool@CampFireFW.org](mailto:AfterSchool@CampFireFW.org) or fax 817-831-5070**



# Automated Payment Processing Safe – Convenient – Easy



## Please complete ONE form per family

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize Camp Fire First Texas (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Camp Fire Return ACH/Electronic Check Policy:

Any ACH/Electronic check payments that are returned to Camp Fire for any reason will be assessed an additional \$30 service fee.

- After the first returned ACH/Electronic check we will require a credit or debit card be provided.
- Accounts that become more than 2 weeks past due may result in withdrawal of student.

Name of child: \_\_\_\_\_

School: \_\_\_\_\_

|                              |
|------------------------------|
| <b>For Official Use Only</b> |
|                              |
| Date Received                |
|                              |
| Employee Signature           |
|                              |

|   |                                  |               |
|---|----------------------------------|---------------|
| John Sample<br>Mary Sample<br>123 Nice Street<br>Anytown, USA | BANK OF THE WEST<br>555-555-5555 | 00226         |
| Pay to the order of: _____                                    | <b>Attach Voided Check Here</b>  | \$ _____      |
| Deposit slips not accepted                                    |                                  | Dollars _____ |
| ⑆123456789⑆   | 1800338⑆                         | 0226          |
| Routing Number  | Account Number                   | Check Number  |





Automated Payment Processing  
Safe – Convenient – Easy



**Please complete ONE form per family**

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

\_\_\_\_\_  
Cardholder Name Phone #

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Account Number Expiration Date CVV2 Code

\_\_\_\_\_  
Cardholder Signature Date

**Camp Fire Credit or Debit Card Payment Policy:**  
Any credit or debit payments that are returned to/unable to be processed by Camp Fire for any reason-

- Customers will be contacted and one additional attempt to collect payment will be allowed.
- If the second attempt is not approved an additional \$10.00 service fee will be assessed and a new form of payment will be required.
- Accounts that become more than 2 week past due may result in withdrawal of student.

Name of child: \_\_\_\_\_

School: \_\_\_\_\_

|                              |
|------------------------------|
| <b>For Official Use Only</b> |
|                              |
| <b>Date Received</b>         |
|                              |
| <b>Employee Signature</b>    |
|                              |

A service of

