



# Clark County Parks and Recreation 2016 Resident Camp Registration Information

**Registration Period: Tuesday, February 2 – May 16, 2016**

We hope your camper is able to join us this June 2016 for one of our exciting Summer camps! This year we are offering 2 camps: **Omni Camp**: June 19-24 for ages 8-12 and **On the Edge Camp**: June 26-July 1 for ages 13-15. The Camp fee is \$400.00 for Omni and Edge per child. A camp experience allows participants to discover their individual potential, build self-confidence and social skills, experience independence and appreciate nature in our unique mountain environment.

**Camp Spaces are limited and fill up quickly. Registration will be taken on a first come-first served basis. (Once camps are full we will add your child to a waiting list; you will be contacted if a space becomes available.)**

**SPECIAL EARLY BIRD REGISTRATION EVENT FOR OMNI AND EDGE:**

**MONDAY, FEBRUARY 1ST, 2015**

**1 DAY ONLY!**

**\$375.00 PER CHILD: ON-LINE or WALK-IN REGISTRATION (ONLY AT MOUNTAIN CREST PARK). \*TOTAL REGISTRATION FEE OF \$375.00 MUST BE PAID AT TIME OF EARLY REGISTRATION.\***

## **Registration Information: Starting February 2<sup>nd</sup>**

- **To register by Internet:** go to <http://www.clarkcountynv.gov/Depts/parks/Pages/youth-resident-camps.aspx> to download your Camp Packet from Website. Complete and sign your child's Camp Registration Form along with all additional required forms by May 16<sup>th</sup>. **(Camp Packets will not be mailed to internet registrants)**
- **To register as Walk-in:** Simply complete the enclosed/attached camp Registration form and bring it along with your minimum deposit of \$100 (cash, check or credit card) to one of our following Centers:
  - **Mountain Crest Neighborhood Services Center**, 4701 N. Durango Rd; **M-F: 1pm-5pm**
  - **Sunset Park Administration Building**, 2601 E. Sunset Rd; **M-F: 8am-5pm**
  - **Desert Breeze Community Center**, 8275 Spring Mountain Rd; **M-F: 6am-8pm, Sa: 8am-5pm**
  - **Hollywood Recreation Center**, 1650 S. Hollywood; **M-F: 6am-8pm, Sa: 9am-5pm**
- **To register by mail:** simply complete the enclosed camp application and mail it along with a check for a minimum deposit of \$100. A Camp Info Packet will be mailed to you.

## **Payment Information:**

- **Your total balance must be paid in full by May 16, 2015.**  
**Make checks payable to: Clark County Parks & Recreation.**  
Mailing Address: Clark County Parks & Recreation  
Attn: Resident Camps  
4701 N. Durango Rd.  
Las Vegas NV 89129

**Please call 455-1905 if you have any questions or need further information**



# Clark County Parks & Recreation 2016 Camp Lee Canyon Resident Camps Registration Form

Registration Period: February 2 – May 1, 2015

**Please Submit This Form with Registration Payment to hold your child's Camp Spot**

**Omni Camp: June 19 – 24**

**Ages: 8 – 12 Fee: \$400**

**On the Edge Camp: June 26-July 1**

**Ages: 13 – 15 Fee: \$400**

## **PARTICIPANT INFORMATION** (Please print clearly)

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE (at time of camp): \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

T-Shirt size:     CHILD SM (6-8)     CHILD MD (10-12)     CHILD LG (14-16)     ADULT SMALL  
 ADULT MEDIUM     ADULT LARGE     ADULT X-LARGE     ADULT XXL

**ROOMMATE REQUEST:** (Not Guaranteed- Cabin Assignments are done by age/gender. Campers who request a younger roommate will be moved to the younger cabin):  
\_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

PARENT / GUARDIAN: \_\_\_\_\_ PHONE: CELL \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_ PHONE: CELL \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## **EMERGENCY CONTACT/AUTHORIZED PICK UP (TO BE ALLOWED TO TRANSPORT CHILD IF PARENT/GUARDIAN IS NOT AVAILABLE)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

## **WAIVER SECTION**

I, \_\_\_\_\_, acting on behalf of myself or my minor child, do expressly and forever waive and release  
(Print Parent/Guardian Name above)

Clark County, Nevada, Clark County Department of Parks and Recreation and all of their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation in any of the Clark County Department of Parks and Recreation sponsored Lee Canyon Resident Camps.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER POLICIES:** I and my minor child have read and agree to adhere to the Camper policies and dress code (Please see Policies form attached).

Parent /Legal Guardian Signature: \_\_\_\_\_ Child/Camper Signature: \_\_\_\_\_

**PHOTO RELEASE:** I understand that photos may be taken of my child at camp that may be published and used for advertising/promotional use by the Clark County Parks & Recreation Dept. and its agents. I relinquish the right to protest any such use or receive compensation of any type.

Parent or Legal Guardian Signature: \_\_\_\_\_

**MOVIE WAIVER:** I authorize my child to watch a PG rated movie (OMNI CAMP) or PG-13 rated movie (EDGE CAMP).

Parent or Legal Guardian Signature: \_\_\_\_\_

## **Do Not Write Below - For Clark County Use Only**

Person Picking up child: \_\_\_\_\_ Signature of person Picking up child: \_\_\_\_\_  
(Print Name)

Signature of camp staff releasing child: \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_



Please submit the following forms to Clark County Parks and Recreation as soon as possible but no later than May 16, 2016.

\*\*The camper Registration Form should be turned in with the payment. If you are registering online, please send in this form right away.

You can mail it in to:  
Mountain Crest Park  
Attn: Resident Camps  
4701 N. Durango Drive  
Las Vegas, NV 89129

Or scan and email it to [Campllee@clarkcountynv.gov](mailto:Campllee@clarkcountynv.gov)

- **Medical Physical Form:** All campers are required to have a well check physical in order to attend camp and allow us to administer and medications the child may have including Tylenol, Pepto Bismol or Benadryl. This can be done at your child's pediatrician or any of the Quick Cares including Pharmacy Quick Cares. (Please keep a copy for yourself in case it gets lost in the mail).
- **High Ropes Challenge Course Waiver:** Please fill out completely and return so your child can participate in the high ropes challenge course. Even if your child does not want to participate, children tend to change their minds once they see other people participate.
- **Food Questionnaire:** To aide in special dietary needs, please go over the menu and fill out the form. This way our cooks can prepare ahead of time to suit the needs of your child. If your child has many special needs with food, you can talk with the cooks during camp check – in as well.

The remaining forms are for your information. Please read over all of the forms and if you have any further questions or concerns please feel free to contact us at 702-455-1905 or [Campllee@clarkcountynv.gov](mailto:Campllee@clarkcountynv.gov).





Clark County Parks and Recreation  
 Camp Lee Canyon Resident Camps  
**MEDICAL AND PHYSICAL FORM**

*This entire form must be completed, signed and dated by both parent/guardian and licensed physician.*  
**IN ORDER FOR CAMPER TO PARTICIPATE IN CAMP THIS FORM MUST BE RETURNED TO CLARK COUNTY PARKS & RECREATION, 4701 N. DURANGO DR., LAS VEGAS, NV 89129.**

*The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.*

Required signatures:

*Parent/guardian must complete, sign and date Section 1-3 prior to obtaining a camp physical/physician signature.*

*Physician must complete, sign and date Section 4 after the parent has completed, signed and dated Sections 1-3.*

**Section 1: Camper Demographics/ Insurance Information:**

Camper Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby authorize Clark County personnel to secure proper treatment for my child, including but not limited to: injections, X-rays, anesthesia, surgery and hospitalization. By granting this authorization, I further agree to indemnify and hold harmless Clark County, its employees and agents from any damage, illness or death resulting from participation in the Camp Lee Canyon Camp. I also agree to the release of any records necessary for insurance purposes or medical treatment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Section 1 must be signed and dated prior to obtaining camp physical and physician signature)*

**Section 2: Camper Health Information:**

Has/does the participant:	Yes	No	if yes please explain*
1. Had any recent injury, illness or infectious disease?.....	_____	_____	_____
2. Have a medically prescribed meal plan or dietary restrictions?	_____	_____	_____
3. Have a chronic or recurring illness/condition?.....	_____	_____	_____
4. Have frequent headaches?.....	_____	_____	_____
5. Ever had a head injury/been knocked unconscious?.....	_____	_____	_____
6. Ever had frequent ear infections?.....	_____	_____	_____
7. Ever passed out/been dizzy during or after exercise?.....	_____	_____	_____
8. Ever had a seizure?.....	_____	_____	_____
9. Ever had high blood pressure/ diagnosed heart murmur?.....	_____	_____	_____
10. Ever had an orthopedic or back problem?.....	_____	_____	_____
11. Have diabetes?.....	_____	_____	_____
12. Have asthma?.....	_____	_____	_____
13. Have seasonal/environmental allergies?.....	_____	_____	_____
14. Had problems with diarrhea/constipation?.....	_____	_____	_____
15. Have problems with sleep walking?.....	_____	_____	_____
16. Have a history of bed-wetting?.....	_____	_____	_____
17. Ever had an eating disorder?.....	_____	_____	_____
18. Ever had emotional difficulties for which professional help was sought?.....	_____	_____	_____

\* Please attach extra page if necessary

### **Section 3: Camper Medication Information:**

Medications and Authorization to Assist with Administration

Please list ALL prescribed medications taken routinely. Parent/guardian must send enough medication to last the entire time at camp. ALL medications must be turned into the camp nurse **IN THE ORIGINAL CONTAINER (with the prescribing doctor and administration orders)** at the time of check in. Medications without the original container/prescription **WILL NOT BE ACCEPTED** (this includes inhalers). The nurse can only give prescription medication and the nurse also has standing orders for Tylenol and Pepto-Bismol. Vitamins, unless prescribed cannot be given to the child, nor may the child have them at camp.

<b>MEDICATION</b>	<b>DOSE</b>	<b>FREQUENCY</b>	<b>TIME(S)</b>	<b>ROUTE</b>

Special administration instructions:

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\*Medication that is not listed above and reviewed by camp health personnel prior to camp, but is needed at the time of camp, **MUST** be accompanied by a doctor's prescription.

Clark County Parks & Recreation has standing doctor's orders for age appropriate administration of acetaminophen (Tylenol) and Pepto-Bismol.

I hereby authorize administration of the above medication(s) to my child/dependant while they are at a Camp Lee Canyon Resident Camp. I understand that Clark County and its employees and agents will not be held liable for any injury to my child or any other camper caused by any medication that is not surrendered to the camp medical staff at the time of check in.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Section 3 must be signed and dated prior to obtaining camp physical and physician signature)**

\_\_\_\_\_ Please initial here only if you **DO NOT** want your child to receive Tylenol or Pepto Bismol per standing orders.

## Section 4: Camper Physical Examination:

**THIS PAGE TO BE COMPLETED BY PHYSICIAN**

### Physical Examination:

Examination	Normal/ Results	Abnormal Findings	Explain
Appearance			
Height			
Weight			
Temperature			
Heart Rate			
Blood Pressure			
Eyes/Ears/ Nose/Throat			
Lymph Nodes			
Teeth			
Lungs			
Heart			
Abdomen			
Skin			
Posture			
Range of Motion			

1. Participant cleared for activities while at Camp Lee Canyon which is situated at an elevation of 8,500 ft. Activities may include hiking, running, climbing or dancing: **YES / NO**

Any Activity restrictions listed here: \_\_\_\_\_

2. Immunizations are up to date for age per Clark County Health District Regulations: **YES / NO\***

3. I have reviewed pages 1, 2, and 3 of this form and concur with parent/guardian's requested medications and description of health status: **YES / NO**

Name of physician (print/type): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

*\* Immunizations must be up to date for age per Clark County Health Department regulations unless participant is exempt due to medical or religious reasons.*

CLARK COUNTY PARKS AND RECREATION  
**CAMP LEE CANYON CHALLENGE COURSE**  
**PARTICIPANT INFORMATION FORM & LIABILITY RELEASE**

**DISCLOSURE:**

The challenge course involves a variety of activities including warm-ups, games, group initiatives, low and high course elements, and other rigorous physical activities in a wooded, outdoor, 8,500 feet altitude setting. The level of participation during each activity is completely voluntary. Highly trained staff, maintenance of state-of-the-art equipment, and strict safety standards safeguard all participants and facilitators against possible injury. As with any program of this type, there is a risk that must be assumed by each participant that he/she may suffer an emotional or physical injury or disability.

**MEDICAL INFORMATION** (information to be completed by parent or guardian if participant is under 18 years of age):

Please answer all information thoroughly and honestly. This information is important for your safety, and will not be used as a screening process to exclude you from the program. Certain health/medical information must be made known to the facilitator(s) conducting the program so that they will be prepared to respond appropriately if the need arises. Participant or parent (if child is under 18 years of age) will be responsible for knowing their medical condition and whether it will prohibit them from safely participating in any challenge course activities. Under certain circumstances, a medical release from your physician may be required. This information will be kept confidential unless needed in an emergency situation.

1. Participant Name (print) \_\_\_\_\_

Social Security # \_\_\_\_\_

2. Do you have health/accident insurance? \_\_\_\_ Yes \_\_\_\_ No  
If yes, name if insured and what company?

Policy # \_\_\_\_\_

3. Do you have limiting physical disabilities or handicaps (temporary or permanent)?  
\_\_\_\_ Yes \_\_\_\_ No (If yes, identify and explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Check any of the following that have been a part of your health history (give approximate dates):

- |                        |       |                       |       |
|------------------------|-------|-----------------------|-------|
| allergy reactions      | _____ | arthritis             | _____ |
| autism                 | _____ | back condition        | _____ |
| balance problems       | _____ | bowel/bladder control | _____ |
| development disability | _____ | problems              | _____ |
| diabetes               | _____ | head injury           | _____ |
| heart disease/defect   | _____ | hemophilia            | _____ |
| lung disease           | _____ | mental illness        | _____ |
| mental retardation     | _____ | seizures              | _____ |
| stroke                 | _____ | other: _____          |       |

specify other health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you currently taking medication (prescribed or otherwise)?  
\_\_\_\_\_Yes \_\_\_\_\_No (If yes, state what you are taking and what condition it's for.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any allergic reactions to medications, insect bites or any other medical limitations?  
\_\_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_  
\_\_\_\_\_

7. Person to notify in case of emergency:

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

Address: \_\_\_\_\_

Phone: home - \_\_\_\_\_ work - \_\_\_\_\_ cellular - \_\_\_\_\_

pager - \_\_\_\_\_

**INFORMED CONSENT:**

I, \_\_\_\_\_, on behalf of myself or my minor child \_\_\_\_\_, understand that part of the Lee Canyon Challenge Course may be physically or emotionally demanding. I affirm my health is good and that I am not under a physician's care for any undisclosed condition that might endanger my health or the health of other participants.

I recognize the inherent risk of injury or disability, even death in Challenge Course activities. It is further understood that unforeseen circumstances may arise for which Clark County, Nevada shall not be held responsible.

The undersigned acknowledges that they have read the Challenge course checklist provided by Clark County Parks & Community Services, and accept full responsibility for the result of inadequate clothing or equipment and for clothing and equipment which I fail to provide.

**WAIVER OF LIABILITY:**

I hereby voluntarily assume and accept all personal responsibility for my or my child's behavior, and for all risk of injury, illness, disease or death, and release any rights or claims for damages and agree to indemnify, defend, and hold harmless CLARK COUNTY, its faculty, agents, and all individuals assisting in facilitating and conducting these activities, from all liability of any nature for any and all injuries, loss or damage suffered at, or in any way connected to participation in this program. This does not preclude SIIS claims from Clark County and other government employees.

My signature below will also indicate that I have been informed about the nature of Challenge Course activities, and I will participate in only those activities that are within my abilities and limitations. I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding hereafter.

**EMERGENCY MEDICAL RELEASE (parents/guardian only):**

In the event that I cannot be reached in an emergency, I hereby authorize Clark County personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_.  
(Date) (Month)

Participant Signature: \_\_\_\_\_ Age \_\_\_\_\_

Witness: \_\_\_\_\_

**Parent/Guardian Name (print):**

\_\_\_\_\_

**Parent/Guardian Signature: (If participant is under 18 years of age)**

\_\_\_\_\_

**Food Questionnaire--- Please fill out and return**  
***Refer to the Camp Menu Below***

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

Childs Birthday \_\_\_\_\_ *Is it during Camp* \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

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Does your child have any special dietary needs? \_\_\_\_\_

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Is your child: vegetarian or vegan? \_\_\_\_\_

Is there anything on the menu that your child will not eat? (a peanut butter and Jelly Sandwich will replace the item)

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Vegetarian substitutes are available for campers that are designated as vegetarian.

All Dinners are served with Dessert and a nutritious bedtime snack is served daily.

***\*Edge Camp: Mon/Tues Taco Night: Campers on the Tent camp-out will receive a Box lunch.***

The above forms are due:

No Later Than May 16<sup>th</sup>. We appreciate forms as quickly as possible so we can go over all the information, and prepare accordingly.

Thank You!

The following forms are for your information only.

If you have any further questions please contact us at Mountain Crest Park, 702-455-1905 or via email

[Camplee@clarkcountynv.gov](mailto:Camplee@clarkcountynv.gov)

We look forward to seeing you at Camp this year!



## EDGE/OMNI Menu

\*Menu is subject to change

### SUNDAY:

#### **BREAKFAST**

N/A

#### **LUNCH**

N/A

#### **DINNER: Pasta Night**

Spaghetti

Red Sauce: plain or meatball

Garlic Bread, Salad

### MONDAY

#### **BREAKFAST**

Ham steaks

Scrambled eggs

Home fried potatoes

Assorted fruit

Assorted cereals (hot/cold)

#### **LUNCH**

Grilled Hamburgers

(veggie burgers available upon request)

Tater tots

Salad

Potato salad

#### **DINNER: BBQ Night**

BBQ Chicken

Corn on the Cob

Baked Beans

Macaroni salad, Salad Bar

Assorted fruit

### TUESDAY

#### **BREAKFAST**

Breakfast Burritos w/ Salsa

Assorted fruit

Assorted cereals (hot and cold)

#### **LUNCH**

Grilled cheese sandwiches

Turkey or ham optional

Salad

French Fries

#### **DINNER: Taco Night\***

Hard and Soft shell tacos

Spanish Rice

Salad

### WEDNESDAY

#### **BREAKFAST**

French Toast

Syrup and Powder sugar

Breakfast sausage links

Home fried potatoes

Assorted fruit

Assorted cereals (hot/cold)

#### **LUNCH**

Chicken Nuggets

Macaroni and Cheese

Steam Broccoli

Salad

#### **DINNER: Taco Night\*/Edge**

##### **Camp:**

Hard/Soft tacos

Spanish Rice, Salad

**Omni Camp:** Shredded chicken or

Pulled Pork sandwiches

Broccoli and cheese

Rice, Salad Bar

### THURSDAY

#### **BREAKFAST**

Pancakes w/ syrup

Scrambled eggs

Bacon

Hash browns

Assorted Fruit

Assorted Cereals (hot/cold)

#### **LUNCH**

Build your own Nacho Bar

Salad

#### **DINNER: Thanksgiving**

Baked Turkey

Mashed potatoes

Stuffing

Cranberry sauce

Greenbean Casserole

Fresh Gravy

Salad

### FRIDAY

#### **BREAKFAST**

Ham steaks

Scrambled eggs

Home fried potatoes

Assorted Cereal / Fruit

#### **LUNCH**

Build your own toasted subs

French fries

Chips

#### **DINNER: Pizza Night**

Build your own Mini Pizzas:

choice of cheese or pepperoni

Salad

*Vegetarian substitutes are available for campers that are designated as vegetarian.*

*All Dinners are served with Dessert and a nutritious bedtime snack is served daily.*

\*Edge Camp: Mon/Tues Taco Night: Campers on the Tent camp-out will receive a Box lunch.

## RESIDENT CAMP PACKING LIST

**The following is a suggested personal supply list for camp. Campers are asked to bring clothing appropriate for the active, physical nature of the camp. Remember this is a six-day overnight camp, and no laundry facilities are available. Please include enough clothes for six days. Mark all personal belongings with camper's name. Do not bring expensive cameras, jewelry, cell phones, binoculars, electronic games, c.d. players or other valuables.**

**Pocket knives or weapons of any kind are not allowed.**

**ABSOLUTELY NO FOOD, GUM OR CANDY WILL BE ALLOWED IN THE CABINS, THIS WILL BE STRICTLY ENFORCED. (Special dietary items will be stored in the Dining Hall.)**

REQUIRED ITEMS: (Please refer to the dress code on your Camper Policy Form).

- |  |  |
|--|--|
| <input type="checkbox"/> Jacket  | <input type="checkbox"/> Pillow  |
| <input type="checkbox"/> Sweater or sweatshirt   | <input type="checkbox"/> Comb/brush  |
| <input type="checkbox"/> Enough clothes for six days (refer to camp dress code when selecting clothing):   | <input type="checkbox"/> Toothbrush and toothpaste   |
| ▪ underwear  | <input type="checkbox"/> Towel(s) and washcloth(s)   |
| ▪ pants & shorts   | <input type="checkbox"/> Shampoo/conditioner   |
| ▪ socks  | <input type="checkbox"/> Soap  |
| ▪ t-shirts - short & long sleeved  | <input type="checkbox"/> Lip Balm/Chap-stick, sun screen, body lotion, deodorant, foot powder  |
| <input type="checkbox"/> Shoes (two pair of closed toed, sturdy, comfortable hiking boots or tennis shoes) | <input type="checkbox"/> Clothes for the Teen dance (Edge Camp only)   |
| <input type="checkbox"/> Shower shoes  | <input type="checkbox"/> Backpack / fanny pack   |
| <input type="checkbox"/> Pillow case or laundry bag for dirty laundry (no trash bags please)               | <input type="checkbox"/> Rain gear (poncho or rain jacket)   |
| <input type="checkbox"/> Hat   | <input type="checkbox"/> Flashlight  |
| <input type="checkbox"/> Pajamas / robe (knit sweat suits are great to sleep in)                           | <input type="checkbox"/> Refillable water bottle (or Camel Pac)  |
| <input type="checkbox"/> Warm sleeping bag <u>or</u> sheets & warm blankets                                | <input type="checkbox"/> Sunglasses  |
|  | <input type="checkbox"/> Medication (if needed). Prescription Medication must be in original containers, labeled with child's name. (Over-the-counter medication is not allowed without a prescription). |

### OPTIONAL ITEMS

- Costumes for themed dinners (Themes: Halloween, Super Heroes, P.J.'s, Funny Hats- OMNI only)
- Swim suit for boys (if they're uncomfortable in open showers)
- Reading light
- Disposable camera
- Books
- Stationery & pre-addressed, stamped envelopes for letter writing

## Clark County Parks & Recreation RESIDENT CAMPER POLICIES

Our goal is to provide a safe, healthy and positive camp environment for all campers to learn and have fun.

**Parent/Guardian and Camper must review policies and dress code, and sign Registration Form**

### **Policies:**

1. Participants must be respectful to staff and other participants at all times.
2. Destruction and/or defacing the property of Camp Lee, Camp Lee Staff, Camp Participants and Partnering Agencies/ Individuals is strictly prohibited.
3. Bullying and Hazing are not tolerated.
4. Parents are asked not to call children at camp except in case of an emergency. Campers are not allowed to call home or friends, etc. If your child is ill or unhappy, parents will be contacted.
5. Absolutely no alcohol or drugs allowed in camp.
6. Smoking and illegal drug use prohibited.
7. Fireworks, lighters or matches are not allowed in camp.
8. Weapons including but not limited to: knives, b-b guns, boomerangs, etc. are not allowed in camp.
9. Gum, candy and snacks are not allowed in the cabins. Do not send these items with the camper.
10. RX Medications must be turned in to the nurse at check-in. OC medications not allowed at camp.
11. If the camp nurse determines that a camper's acute health status warrants further medical attention or observation, the parent/guardian/emergency contact must pick up the camper within 4 hours of notification. Camper will be allowed to return to camp after 24 hours. If their health status improves.

### **Dress Code:**

- Spiked jewelry, wallet chains, chain belts, bandanas and gang identifying clothing is prohibited.
- All sleeveless shirts must have straps at least 2 inches wide. Strapless, low-cut, bare midriff or see-through shirts will not be allowed. All shirts should extend below belt level.
- Pants must be worn on hips; sagging is prohibited. Undergarments should not be exposed.
- Shorts should be fingertip length or longer.
- Skirts/dresses are only allowed for the Teen Dance and must be fingertip length or longer.
- Participant clothing may not have printed statements or pictures that are vulgar, obscene, related to sex, the use of drugs, alcohol, tobacco products or promote hate or violence.
- Shoes should be closed toed, sturdy, comfortable and appropriate for hiking.

### **Discipline Guidelines:**

In the event that a camper is not following the camp policies and or dress code, a four-step disciplinary process will be utilized\*.

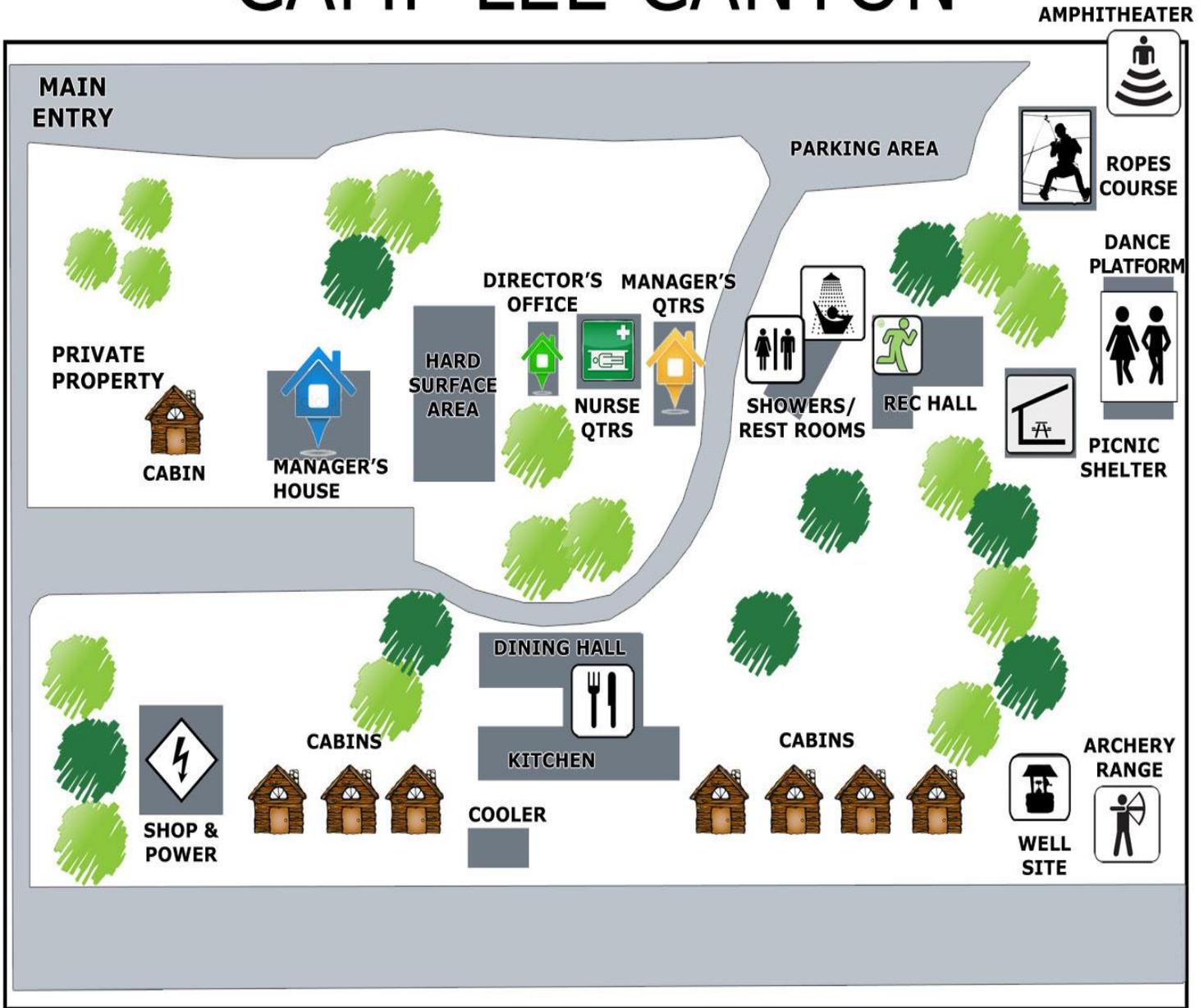
1. First offense: Counselor will talk to the camper explaining what the problem is and suggest appropriate ways to solve it. Camp Director will be notified.
2. If the undesirable behavior continues or happens again, a time-out will be given and the Counselor and Camp Director will document the situation.
3. If the problem persists, the Counselor and Camp Director will re-assess the situation. Another time-out will be given, with the possibility of loss of privileges for a longer specified time.
4. If the camper does not respond to the first 3 steps, the Camp Director will phone parents and discuss disciplinary options, including but not limited to, sending the camper home. In the event that a camper is sent home due to disciplinary problems, there will be no refunds.

*\* In a situation involving a more serious infraction of the Camp Policies such as illegal activity (ie: illegal substances, possession of weapons, endangering others, etc.), the Director will move directly to Step #4. Authorities will be contacted in addition to parents. Camper's belongings may **be subject to search- If this is deemed necessary, every effort will be made to contact parents/guardians first.***

***Thank you for assisting us in providing an environment in which all children may enjoy their camp experience, by agreeing to follow all policies, dress code. Camper and Parent/Guardian must sign the Registration Form prior to attending Camp.***

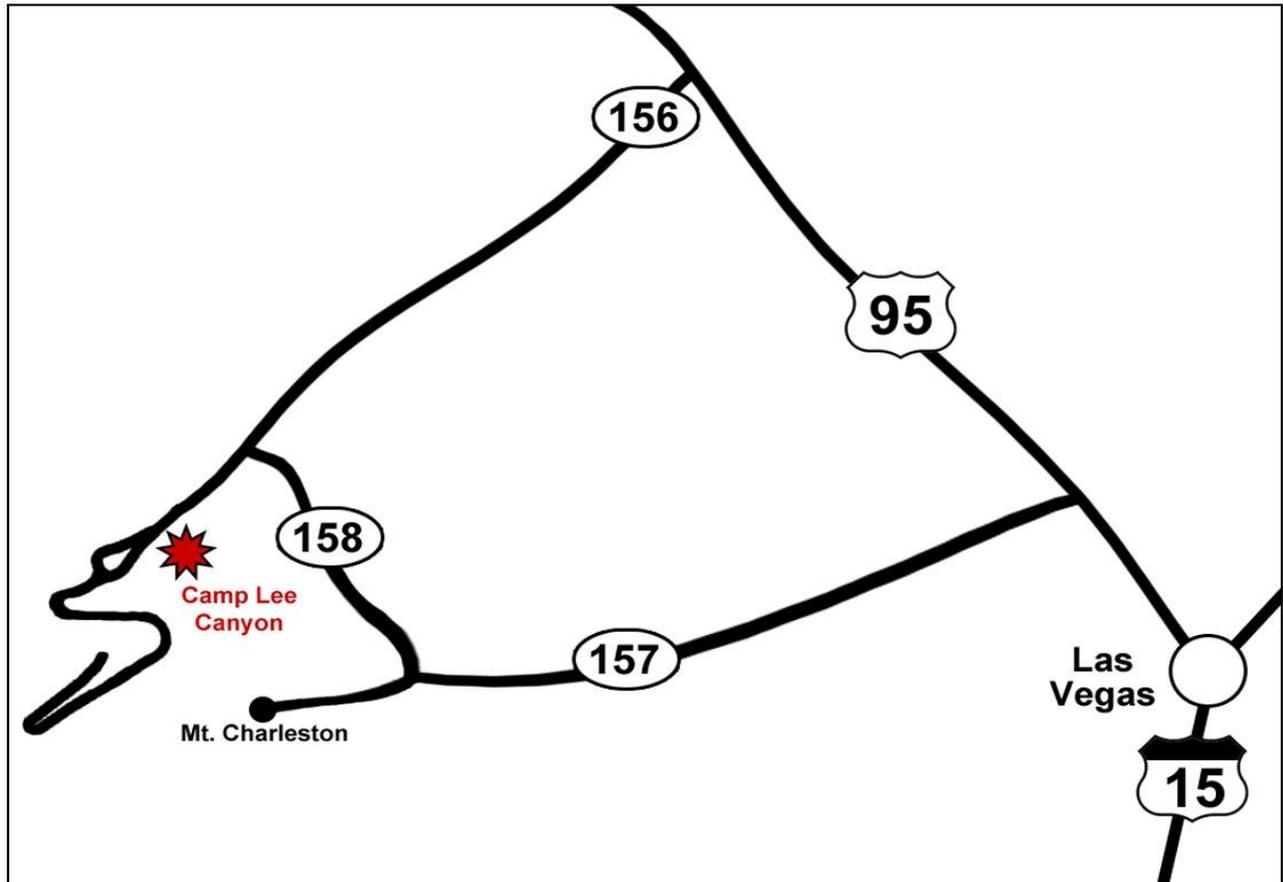
# CAMP LEE CANYON

Lee Canyon Turn Off : State Route 156



# Directions to Camp Lee Canyon

Camp Phone: (702) 872-5489



Allow at least one hour of travel time from the Las Vegas area. Camp Lee Canyon is located on Lee Canyon Rd., about 45 miles northwest of Las Vegas at an elevation of over 8,000 feet. There are no gas stations or convenience stores on Mt. Charleston, so it is best to fill up before driving up the mountain. In the summer months, it is also a good idea to bring drinking water as a travel precaution. There is no cellular phone service in the camp area.

To get to Camp Lee Canyon, travel north along US 95 about 30 miles from Las Vegas. You will pass the turn off for Mt. Charleston/ Kyle Canyon (Route 157). Keep going on US 95. Turn west (left) at the Lee Canyon turn off (Lee Canyon Rd.) Stay on Lee Canyon Rd. for approximately 15 miles. On this road you will be climbing in elevation from 3,000 feet to 8,000 feet. (This part of the drive can cause overheating in older cars, so watch your temperature gauge. Turning off your air conditioner may help lower your engine temperature.)

As you travel up Lee Canyon Rd, you will pass the turn off you Route 158 and you will also pass the road for Camp Foxtail and the meadow play area. Stay on Camp Lee Rd.. Once you have passed those landmarks - you're almost there! The entrance to Camp Lee Canyon is on the left side of the road. The camp is set back off the road but is marked by signage. Turn left into the camp, just before the McWilliams campground and the Lee Canyon ski area.

The 13 miles between the Kyle Canyon Turnoff and the Lee Canyon Turn off feels a lot longer. If you reach the Cold Creek Turn-off, you have gone to far.

## CAMP INFORMATION!!

Please notify us of late arrival or early departure needs when you register your teen for camp.  
To notify us while camp is in session call: (702) 872-7083 or notify us during Check-in.

### OMNI DISCOVERY CAMP: June 19-24, 2015 (Ages 8-12)



Thank you for choosing to send your child to Omni Discovery Camp, June 19-24!

*Get ready for a week of discovery and adventure at our hands-on/interactive classes featuring: Mad Science, Roos N More, Sign Design Theater, Archery, a high ropes course, Intro to Mtn. Biking, hiking, campfires & s'mores, sing-alongs, skits, and crafts.*

*For extra fun, campers have the option to "Dress up" for Dinner at our Costume Nights Monday-Thursday! Costume themes include: Halloween, PJ's, Superheros, and Silly Hats! Awards & prizes will be given!*

#### CHECK-IN & DEPARTURE TIMES FOR OMNI DISCOVERY CAMP

Check-in: Sunday, June 19 between 2:00 p.m. and 3:30 p.m. You will park in the large dirt lot (where the mailboxes are), and you must bring your child to the dining hall to check-in. Once you have been through check-in at the dining hall you will be able to go choose your bunk in your cabin, parents can help set up but then will be asked to leave ☺

Departure: Friday, June 24 Campers will put on a performance of their Sign Design Theatre Song that they learned during camp. The Performance will start at 6:30p on the basketball court. Gates will open for parents at 6:15p. Check out will happen directly after performance. No early check-outs will be allowed from 5:30-7:00p on Friday.



### ON THE EDGE CAMP: JUNE 26-July 1, 2015 (Ages 13-15)

Thank you for choosing to send your teen to On the Edge Camp from June 26 –July 1!

*Get ready for an exciting experience in adventure recreation! Activities include, mountain biking, hiking, archery, an overnight camp-out under the stars, a High-ropes course, geo-caching and a Dance with live DJ!*

#### CHECK-IN & DEPARTURE TIMES FOR ON THE EDGE CAMP

Check-in: Sunday, June 26 between 2:00 p.m. and 3:30 p.m. You will park in the large dirt lot (where the mailboxes are), and you must bring your child to the dining hall to check-in. Once you have been through check-in at the dining hall you will be able to go choose your bunk in your cabin, parents can help set up but then will be asked to leave ☺

Departure: Friday, July 1 between 6:00 p.m. and 7:00pm. Gates open right at 6pm, but not earlier. Parents will be asked to pick up their camper from their cabin. Please bring I.D. to pick up your camper

Things you need to know:

Camp is a place for your child to have fun and get dirty, please do not send new clothes. Pack your comfy favorites!

Cell Phones do not work here at Camp Lee, Please leave them at home. We are not responsible for lost or stolen items. It is much safer to have them bring a cheaper digital camera.

You are responsible for transportation to and from camp. (see attached Map/Directions)

Parents must accompany their child to the check-in area located in the Dining Hall.

**Please do not arrive early!** Since we will be busy preparing for the exciting week ahead. You will not be admitted into camp until 2pm. That is the same for pick-ups. You will not be admitted into camp unless you have pre arranged an early pick-up.

Please park in the designated area – Camp Staff will be on site to assist you.

Please leave pets at home- they are not allowed in camp.

During Camp Pick-up: Campers will only be released to the people listed on the Camp Registration Form as Parents/Guardians or authorized escorts/emergency contacts. I.D. is required for pick up.

**There is not a bathroom available before check-out.** We cannot allow parents into prior to check out so that we can avoid confusion. Bathrooms will be available at 6pm (Edge camp) and 6:15p for (Omni Camp). Early pick-ups are not available 30 min prior to check-out time. Thanks!

Contacting Your Camper

**Mail:** If you would like to send a letter to your child we suggest you mail it early - mail service is slow on the mountain. If you think your teen may want to write letters to their family and friends **please pack pre-addressed envelopes & stamps for your camper.** The camp address is:

*Camp Lee Canyon: OMNI/EDGE (Please specify)*

*Attn:(your child's name and Cabin number)*

*6201 Lee Canyon Rd.*

*Mt. Charleston, NV 89124*

Email: We cannot except email to the campers as it crashes our server on the mountain.

Phone: Please do not to call your child, as well as, know your child can not call you. In case of emergency please call the Camp Director at 872-7083. If your child is ill or is having difficulty we will contact you.

**REMEMBER CAMP FORMS MUST BE RETURNED TO US BY MAY 16!!!**