ON THE EDGE CAMP: JUNE 22-27, 2014

Important Camp Information

THE FOLLOWING 4 FORMS MUST BE RETURNED TO US BY JUNE 1

- ❑ Medical / Physical Form
- ❑ Challenge Course Waiver
- ❑ Food Questionaire
- ❑ *Camp Application (if you did not submit one upon registration)*

RETURN ABOVE FORMS TO 4701 N.DURANGO,LAS VEGAS,NV 89129

Thank you for choosing to send your teen to On the Edge Camp from June 22-27!

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 22 between 2:00 p.m. and 3:30 p.m.

Parents/guardians must provide 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.

Please park in designated area - camp staff will be on site to assist you.

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

Departure: Friday, June 27 between 6:00 p.m. and 7:00pm

Campers will only be released to the people listed on the Camp Application Form as parents/guardians or authorized escorts/emergency contacts - I.D. is required for pick up.

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.

Contacting Your Camper

Mail: If you would like to send a letter to your teen 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: Edge Camp
Attn:(your child's name and Cabin number)
6201 Lee Canyon Rd.
Mt. Charleston, NV 89124

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

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

REMEMBER CAMP FORMS MUST BE RETURNED TO US BY JUNE 1!!!

Clark County Parks and Recreation

Camp Lee Canyon Resident Camps

2014 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 can not be given to the child, nor may the child have them at camp.

MEDICATION	DOSE	FREQUENCY	TIME(S)	ROUTE

Special administration instructions:

*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 problems	_____
development disability	_____	head injury	_____
diabetes	_____	hemophilia	_____
heart disease/defect	_____	mental illness	_____
lung disease	_____	seizures	_____
mental retardation	_____	other:_____	
stroke	_____		

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**__.

Participant Signature: _____ **Age** _____

Witness: _____

Parent/Guardian Name (print):

_____

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

_____

2014 EDGE/OMNI CAMP MENU

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 amp:
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 Fruit
Assorted Cereal

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, A nutritious bedtime snack is served daily.
**Edge Camp:Mon/Tues Taco Night: Campers on the Tent camp-out will receive a Box lunch.*

2014 EDGE/OMNI CAMP MENU

Food Questionaire--- Please fill out and return

Childs Name _____

Childs Birthday _____

Does your child have any food allergies? _____
_____
_____
_____

Does your child have any special dietary needs? _____
_____
_____
_____

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) _____
_____
_____
_____
_____

Vegetarian substitutes are available for campers that are designated as vegetarian.
All Dinners are served with Dessert, A nutritious bedtime snack is served daily.
**Edge Camp:Mon/Tues Taco Night: Campers on the Tent camp-out will receive a Box lunch.*

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.

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.)

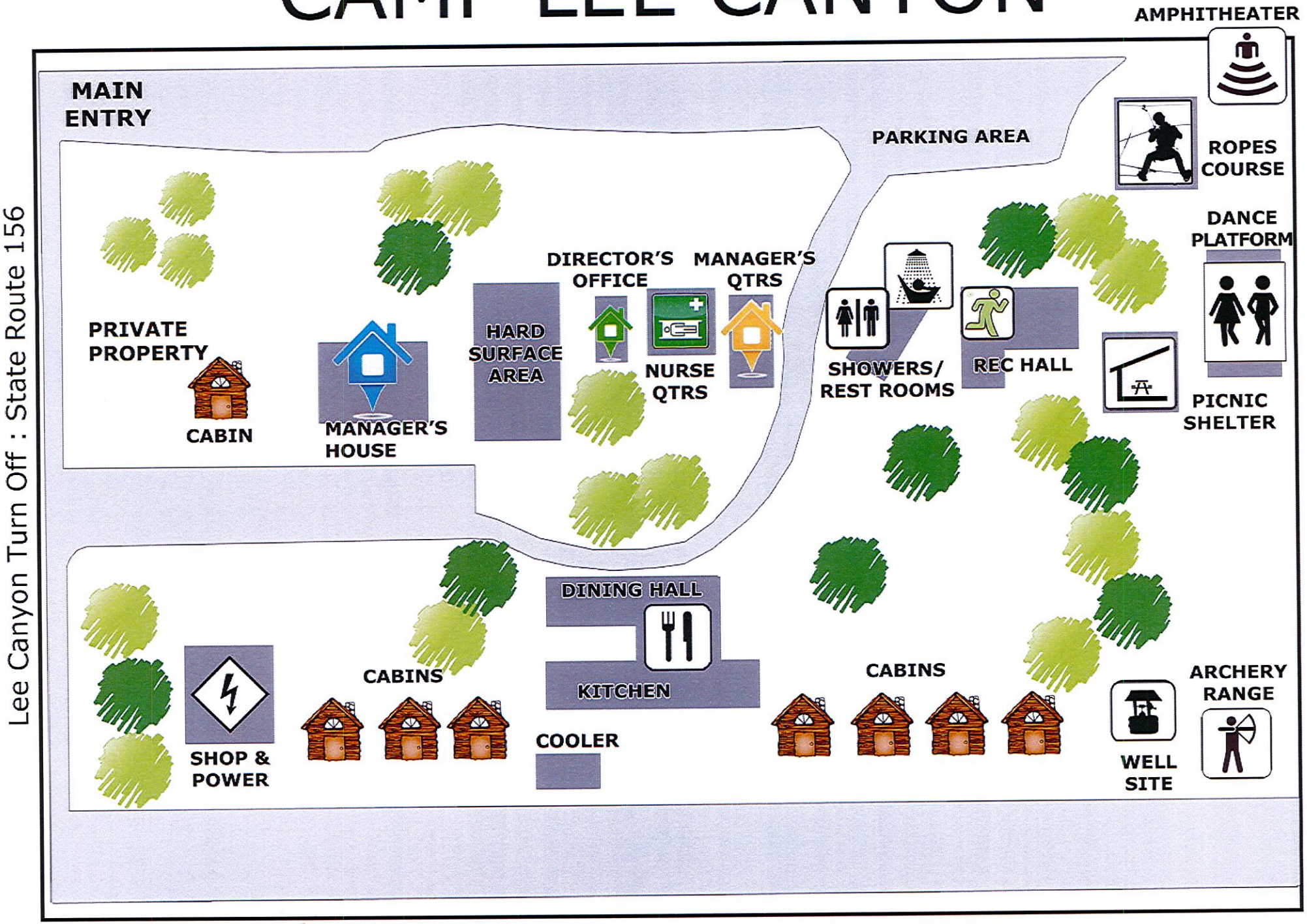
REQUIRED ITEMS: **(Please refer to the dress code on your Camper Policy Form).**

- ☐ Jacket
- ☐ Sweater or sweatshirt
- ☐ Enough clothes for six days (refer to camp dress code when selecting clothing):
  - underwear
  - pants & shorts
  - socks
  - t-shirts - short & long sleeved
- ☐ Shoes (two pair of closed toed, sturdy, comfortable hiking boots or tennis shoes)
- ☐ Shower shoes
- ☐ Pillow case or laundry bag for dirty laundry (no trash bags please)
- ☐ Hat
- ☐ Pajamas / robe (knit sweat suits are great to sleep in)
- ☐ Warm sleeping bag or sheets & warm blankets
- ☐ Pillow
- ☐ Comb/brush
- ☐ Toothbrush and toothpaste
- ☐ Towel(s) and washcloth(s)
- ☐ Shampoo/conditioner
- ☐ Soap
- ☐ Lip Balm/Chap-stick, sun screen, body lotion, deodorant, foot powder
- ☐ Clothes for the Teen dance (Edge Camp only)
- ☐ Backpack / fanny pack
- ☐ Rain gear (poncho or rain jacket)
- ☐ Flashlight
- ☐ Refillable water bottle (or Camel Pac)
- ☐ Sunglasses
- ☐ 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

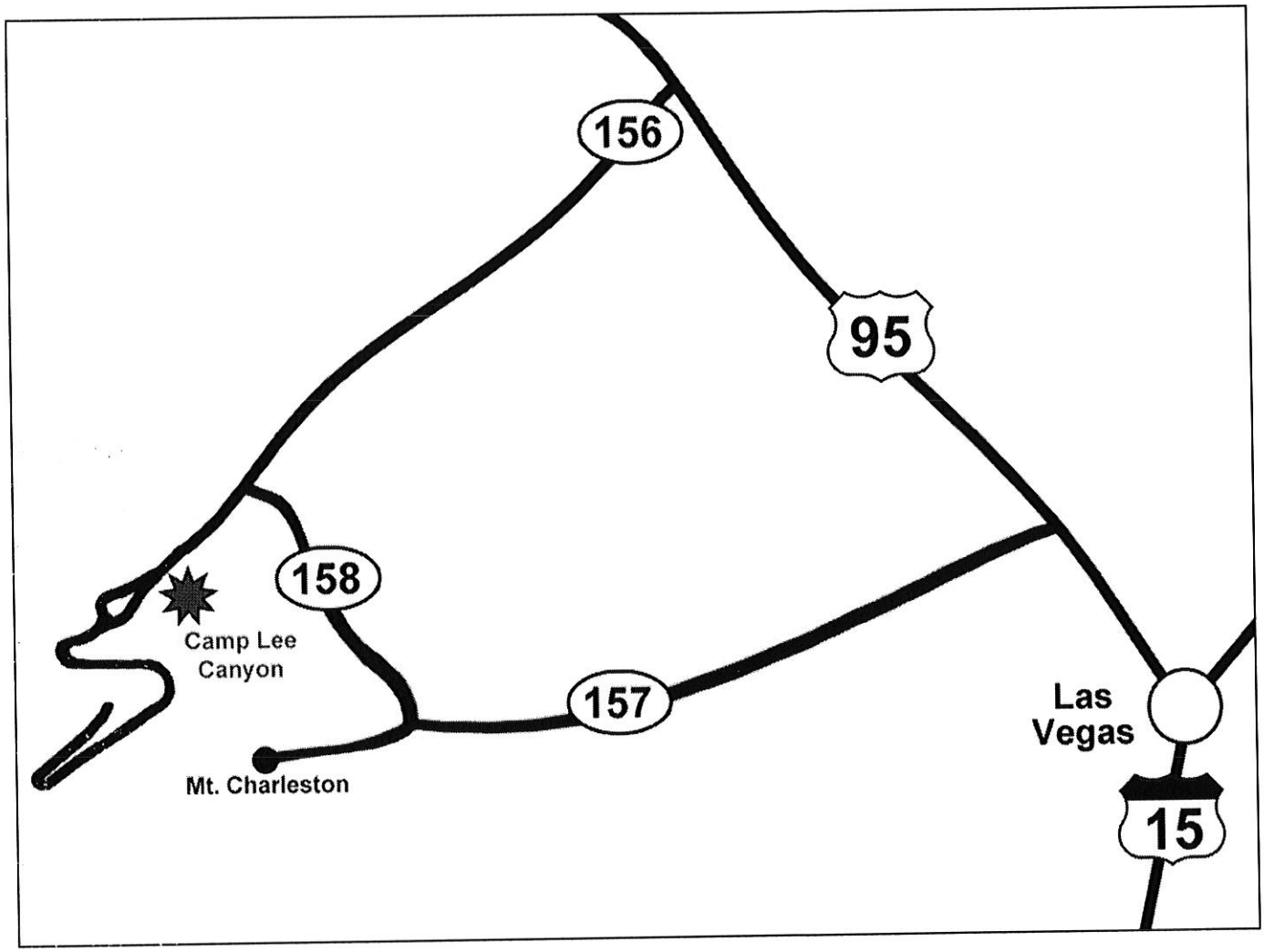
- ☐ Costumes for themed dinners (Themes: Halloween, Super Heroes, P.J.'s, Funny Hats-OMNI only)
- ☐ Swim suit for boys (if they're uncomfortable in open showers)
- ☐ Reading light
- ☐ Disposable camera
- ☐ Books
- ☐ Stationery & pre-addressed, stamped envelopes for letter writing

CAMP LEE CANYON



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.