Clark County Parks & Recreation Summer Day Camp Registration Form

One form per child. Please feel free to make copies of this form. **Mail-in Registration Begins March 25, 2011**

Summer Day Camp Site: _____

Participant Information - must be completed by a parent or legal guardian.

Participant Name_____ Date of Birth_____

Parent/Guardian Information

First Name_____ Last Name_____

Address_____ Zip_____

Work Phone_____ Home Phone_____ Cell Phone_____

Emergency Name_____ Phone_____

Other persons authorized to pick up child - Name_____ Phone_____

Does this child have any known medical conditions, allergies or taking medications?_____

Does this child require any special accommodations? _____

The department welcomes the participation of individuals of all abilities in programs offered and fully complies with the Americans with Disabilities Act by making reasonable accommodations to encourage participation in programs and activities. We are committed to providing assistance to those with different mental and physical abilities who require special accommodations in order to participate in programs. Contact the Program Supervisor or Recreation Specialist at your program site two weeks prior to the program start to make arrangements. TDD services for hearing impaired are available at 1-800-326-6863.

Please circle all weeks or individual dates needed.

Make check or money order payable to: Clark County Parks & Recreation.

PLEASE MAIL TO THE CENTER YOUR CHILD/CHILDREN WILL BE ATTENDING.

Registration postmarked before the first mail-in date will be returned.

*** Holiday – All sites closed for the 4th of July.** **Cost: $ 15 per day or $70 per week**

Week	Days	Total Cost	Week	Days	Total Cost
June 13 – 17	M T W T F	$_____	July 25 – 29	M T W T F	$_____
June 20 – 24	M T W T F	$_____	Aug. 1 – 5	M T W T F	$_____
June 27 – July 1	M T W T F	$_____	Aug. 8 – 12	M T W T F	$_____
July 5 – 8	* T W T F	$_____	Aug. 15 – 19	M T W T F	$_____
July 11 – 15	M T W T F	$_____	Aug. 22 – 26	M T W T F	$_____
July 18 – 22	M T W T F	$_____			

Total Enclosed $_____

PHOTO/VIDEO RELEASE: By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks & Recreation Department.

Waiver of Liability

I,_____, acting on behalf of myself or my minor child do expressly and forever waive and release Clark County, Nevada, Department of Parks and Recreation and all 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 Parks and Recreation activity.

Signature _____ Date_____

Please fill out form and print.
If you have any questions,
please email ccparks@clarkcountynv.gov

Print Form

ARRIVAL & DEPARTURE

Participants may not be dropped off at the program site prior to 7:00 a.m. and they must be picked up no later than 6:00 p.m. In the event that your child is picked up after normal operating hours, a late fee will be assessed. All participants must be signed in and out each day by a parent or guardian (ID required). In order for anyone other than the child's parents or guardians to pick up a participant, staff will need written and signed permission (ID required). Written and signed permission is also required if a parent approves a participant to check themselves out. If custodial rights have been awarded to only one parent, a court restraining order is required to be on file.

DRESS

Participants need to be dressed in comfortable play clothes. In addition, **sturdy athletic shoes**, hats and sun block are recommended for outdoor play. Due to the nature of arts & crafts projects, it is recommended that you send an old shirt to protect clothing.

HEALTH & MEDICATION

Please help us maintain a healthy environment for all participants by keeping your child at home for the day if he/she displays any symptoms of illness. Staff will contact you to pick your child up if he/she is ill. Medication, including over the counter drugs, needs to be physician-prescribed, labeled, and accompanied by a completed medication request form from the parent or guardian. (On site staff will not provide any medication, including aspirin, ibuprofen, cough drops, etc.) The participant will be responsible for administering his/her medication under the supervision of a staff member. All medication must be turned in to the program staff so that it may be properly and safely secured.