Welcome Camper(s)

Please complete and return the following forms listed below to Matt Fisher at time of registration.

- Clark County Parks and Recreation Camp Silver Pines 2026
- Emergency Medical Release

Matt Fisher

matt.fisher@clarkcountynv.gov

702-455-1905

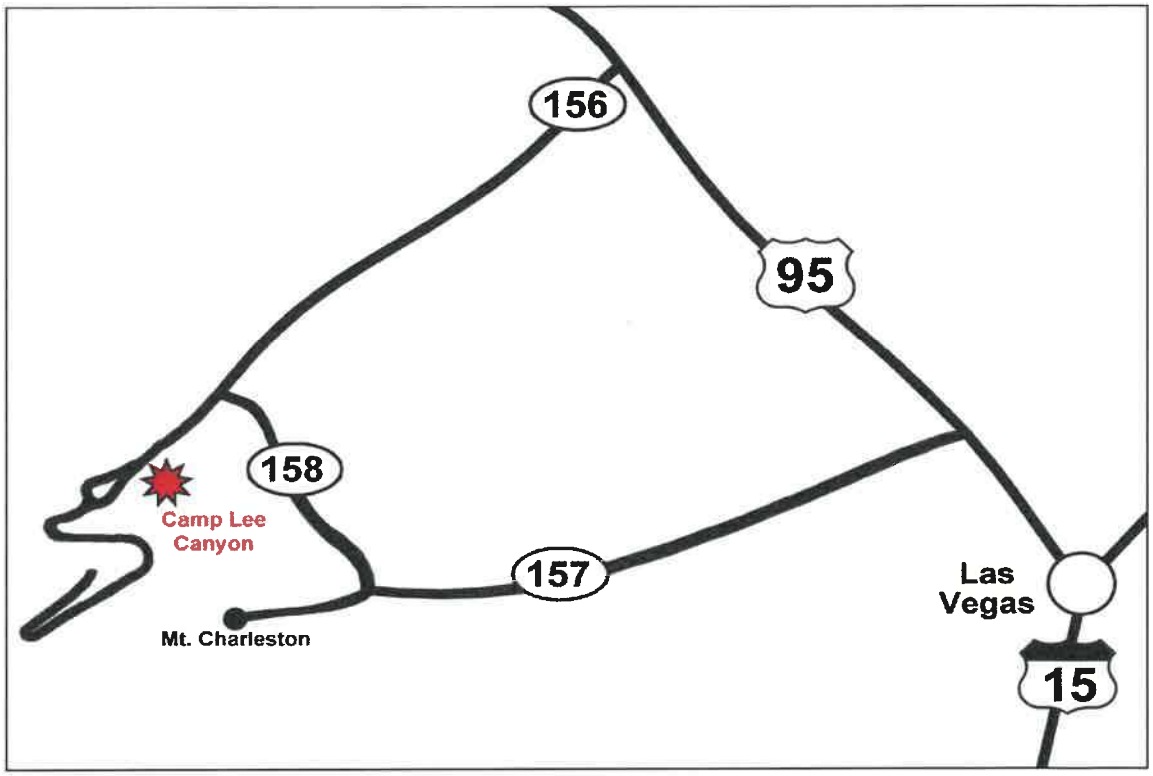
Or mail to: Mountain Crest Community Center

4701 N. Durango Dr, Las Vegas, NV 89129

Thank you so much!

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.

Clark County Parks & Recreation Camp Silver Pines 2026

Please select (circle) one:	Driving Self	Pick up from Cora Coleman	Pick up from West Flamingo
Participant Legal Name:			
Date of Birth:	Age:	Sex:	Nickname:
Household Address:			
City, State, Zip Code:			
Email:			
Cell Phone:		Alternative Phone:	

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE NUMBER

ADDITIONAL PARTICIPANT INFORMATION

Medication : No □ Yes □

Allergies : No □ Yes □ *If yes, please list:*

Any special needs or accommodations (MEDICAL, DIETARY, ETC.)? No □ Yes □ *If yes, please list:*

Waiver of Liability

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

Participant Signature_____ Date_____

EMERGENCY MEDICAL RELEASE FORM

In the event that I am incapacitated, I hereby authorize Clark County personnel to secure proper treatment, 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 Clark County Camp Silver Pines. I also agree to the release of any records necessary for insurance purposes or medical treatment.

Print Name _____ Date _____

Signature of Participant _____ Birth Date _____

Emergency Contact _____ Relationship _____ Phone _____

Primary Physician _____ Phone _____

Insurance Company _____ Policy Number _____ Expiration Date _____

MEDICATIONS

Please list ALL prescribed medications taken routinely and be sure to bring enough for the length of camp.

MEDICATION	DOSE	FREQUENCY	TIMES

Check if you have any pre-existing conditions: ____Ear Conditions/Hearing Aid ____Diabetes _____Epilepsy

_____Asthma _____Heart Problems _____Pacemaker _____Allergies _____COPD _____Vision Problems

Other (please explain)_____

If you have a history of Heart or Lung Disease, please obtain a physician's release and submit with this medical release form.

Please list any restrictions in activities:

_____

Please describe any food or drug allergies:_____

Date of last tetanus shot:_____

Additional comments:_____

_____

Rev. 8.2013

Clark County Parks & Recreation
Archery Waiver

	Activity Information	*COST*	*INITIAL*
Archery	**Archery Course:** Participants will use bow, arrows, and targets on the archery course.	**FREE**	

ACTIVITY PERMISSION & WAIVER FORM

Participant Name_____ Date _____

Primary Contact_____ Phone _____

Secondary Contact_____ Phone _____

Allergies/Special/Accommodations_____

I, _____ acting on behalf of my organization, or myself do expressly and forever waive, release, and hold harmless and indemnify Clark County from and against any and all claims, demands, obligations, causes of action and lawsuits, and all damages, liabilities, fines, judgments and costs (including reasonable attorney's fees) associated with, arising from or alleged to have risen from the actions or omissions of myself, or the organization, its agents, employees or contractors, in connection with the event, or any failure to comply with the laws, ordinances, rules and regulations applicable to the duties and responsibilities set forth herein. Clark County reserves the right to revoke this reservation should any information herein be found to be inaccurate or untrue

PHOTO/VIDEO RELEASE: By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of myself at any program, event or facility associated with the Clark County Parks and Recreation Department. I understand that I will be participating in these selected events on their designated days.

Signature _____ **Date** _____

Clark County Parks & Recreation
Mountain Biking Waiver

	Activity Information	*COST*	*INITIAL*
Mountain Biking	Participants will first learn the basics of the bike like body positioning, braking, gears. Once comfortable campers will learn to ride on an easy camp trail or Bristlecone Trail	**FREE**	

ACTIVITY PERMISSION & WAIVER FORM

Participant Name_____ Date_____

Primary Contact_____ Phone _____

Secondary Contact_____ Phone _____

Allergies/Special/Accommodations_____

I, _____ acting on behalf of my organization, or myself do expressly and forever waive, release, and hold harmless and indemnify Clark County from and against any and all claims, demands, obligations, causes of action and lawsuits, and all damages, liabilities, fines, judgments and costs (including reasonable attorney's fees) associated with, arising from or alleged to have risen from the actions or omissions of myself, or the organization, its agents, employees or contractors, in connection with the event, or any failure to comply with the laws, ordinances, rules and regulations applicable to the duties and responsibilities set forth herein. Clark County reserves the right to revoke this reservation should any information herein be found to be inaccurate or untrue

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Signature _____ **Date** _____

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

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. Participants or parents (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.

1. Participant Name (print) _____

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	_____
intellectual disability	_____	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 - _____

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 the care of a physician for any undisclosed condition that might endanger my (or my minor child's) 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.

I, the undersigned, acknowledge that I 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 staff, 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 the Camp Lee Canyon Challenge Course 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 injections, anesthesia or surgery for my child.

Date: _____

Participant Name (print): _____

Participant Signature: _____ Age: _____

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

_____

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

_____

RESIDENT CAMP PACKING LIST

The following is a personal supply list for camp. Campers need to pack clothing and shoes appropriate for the active, physical nature of the camp. Remember this is a three-day two night camp, no laundry facilities are available. Mark all personal belongings with camper's name. 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 dietaries foods are 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 three 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
- ☐ Pillowcase 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, sunscreen, body lotion, deodorant, foot powder
- ☐ Backpack / fanny pack
- ☐ Rain gear (poncho or rain jacket)
- ☐ Flashlight
- ☐ Refillable water bottle (or Camel Pac)
- ☐ Sunglasses/Sunscreen
- ☐ Medication (if needed). Prescription Medication must be in original containers, labeled with name and you must meet with the Camp Nurse during check-in (Over-the-counter medication is not allowed without a prescription).

OPTIONAL ITEMS

- ☐ Swimsuit (if you are uncomfortable in shower area. Each shower has a curtain for privacy)
- ☐ Reading light
- ☐ Disposable camera
- ☐ Books
- ☐ Stationery & pre-addressed, stamped envelopes for letter writing