



Issues Concerning Adolescents of Nevada Leadership Camp

Sunday, August 9 – Saturday, August 15, 2009

Camp Lee Canyon

(located 45 miles outside of Las Vegas)

- ❖ **Workshops**
- ❖ **Campfires**
- ❖ **Drug-free Dance & Talent Show**
- ❖ **Speakers**
- ❖ **Make smart life choices through leadership training**

**Sponsored by: Issues Concerning Adolescents of Nevada
Camp Cost \$250**

Cost includes: Transportation to and from Camp, T-shirt, cabin lodging, meals, training materials, and guest speakers, all drug-free activities including our dance, talent show, and a chance to meet other drug-free adolescents.

Return registration form and money by: June 1st 2009

I.C.A.N. Leadership Camp

PO Box 50427

Henderson, NV 89016

(702) 451-ICAN(4226)

**Make all checks payable to:
Issues Concerning Adolescents of Nevada**

Check In:

Sunday, August 9, 2:30 p.m.

Winchester Community Center

3130 McLeod Dr, Las Vegas, NV 89121

Buses leave promptly at 3:00p.m.

Pick-Up:

Saturday, August 15 at 10:45 A.M.

Child's information:

Name: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email: _____

School attending 2009-2010: _____

Shirt Size: Adult Small: _____ Adult Medium: _____ Adult Large: _____ Adult XL: _____ Adult XXL: _____

Parent/Guardian One information (first to be called):

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian Two information (second to be called):

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact/Pick-up (Persons allowed to transport camper if parent/guardian(s) not available)

Name: _____ Relationship: _____ Work: _____ Home: _____ Cell: _____

Name: _____ Relationship: _____ Work: _____ Home: _____ Cell: _____

Name: _____ Relationship: _____ Work: _____ Home: _____ Cell: _____

BE PREPARED TO SHOW ID WHEN PICKING UP YOUR CHILD FROM CAMP

Office Use only
Released to: _____
By: _____

Health History – use additional sheets if necessary

The health and safety of camp participants is a top priority of our staff. It is essential that the health history be accurate and complete. Should it be determined that this history is not accurate, ICAN reserves the right to dismiss the child from camp at the expense of the parents. Though every accommodation will be made to insure that a child is able to fully participate, some medical issues are beyond our capacity to handle. Any parent with a child who has medical issues that could severely impact participation should schedule an appointment with our staff to determine whether Leadership Camp is equipped to address the child's needs.

1) Diet Restrictions (Including vegetarianism): Yes___ No:___

If Yes, Explain: _____

2) Allergies (Including food): Yes___ No___

If Yes, Explain: _____

3) Physical Restrictions: Yes___ No___

If Yes, Explain: _____

4) Heath issues (ie. Diabetes, asthma, etc)—please list any issues that have impacted your child in the past that could affect him/her currently as well as any treatment protocols. Yes___ No___

If Yes, Explain: _____

5) Mental Health issues (ie. Depression, ADD, etc)—please list ANY mental health issues that your child has experienced, current status, and any treatment protocols.

Yes___ No___

If Yes, Explain: _____

6) Medications—ALL medications must be given to the medical staff in its original, labeled packaging and will be administered based on the label or a written note from a medical professional.

Name	Condition	Dosage	Times Administered.
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7) Medical Insurance: Yes___ No___ If Yes

Policy Holder's Name: _____ Birth date: ___/___/___

Policy #: _____ Group #: _____

Waiver Of Claim/Media & Medical Release

I, _____, my spouse, and on behalf of my child, _____, our heirs, executors, administrators and other interested parties, hereby do express and forever waive and release Issues Concerning Adolescents of Nevada and Clark County Parks and Recreation, and all their officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, arising from, or connected with, travel to and from Leadership Camp’s program, and all activities related to, or in connection with, said activity by our child/participant.

I hereby authorize Issues Concerning Adolescents of Nevada and Clark County Parks and Recreation, their agents and representatives, to take and use publicity photos, films, video, or other media for the agency’s benefit in authorized promotion or publicity activities and I understand that there are no monetary or other compensations.

This health history is complete and accurate, and the participant described has permission to engage in all scheduled camp activities, except as noted in the health history. Though this information will be treated confidentially, I give my permission for my child’s health history to be shared with any staff member that may interact with my child or any other staff member as necessary. In the event I cannot be reached in an emergency, I give my permission to Issues Concerning Adolescents of Nevada and Clark County Parks and Recreation, and the physicians and/or other medical professionals selected by the camp director to transport, hospitalize, consent to any necessary treatment, including, but not limited to, injection, anesthesia, or surgery. If medical care or treatment is necessary; I agree to assume full financial responsibility.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Camp Guidelines...

- 1) Participant will remain at the campsite for the duration of the week.
- 2) Participant will follow the camp schedule and take part in all scheduled activities.
- 3) Participant will display respect for all other participants, staff, and facilities.
- 4) Participants can be removed for inappropriate behavior at parent’s expense at any point during camp.
- 5) Medication MUST be turned over to our medical staff upon arrival. Emergency drugs (i.e. asthma inhalers) may be retained by the participant upon approval of the medical staff.
- 6) Smoking is not permitted at camp.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____