Clark County Parks & Recreation School Daze 2020

Participant Legal Name:			Site: Aquatics Springs Indoor Pool
Date of Birth:	Age:	Sex:	Nickname:
Household Address:			
City, State, Zip Code:			
Parent/Guardian 1:		Cell Phone:	
Email:		Alternative Phone:	
Parent/Guardian 2:		Cell Phone:	
Email:		Alternative Phone:	

PICK UP LIST

NAME	RELATIONSHIP	PHONE NUMBER

EMERGENCY CONTACT LIST (if different than pick up list)

NAME	RELATIONSHIP	PHONE NUMBER

ADDITIONAL PARTICIPANT INFORMATION

Medication : No ☐ Yes ☐ *If yes, please complete an additional medication form at the School Daze site.*

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

Does participant require any accommodations? No ☐ Yes ☐ *If yes, please list:*

Waiver of Liability

I, _____ acting on behalf of my organization, myself or my minor child 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, my minor child 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 my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

Parent/Guardian Signature_____Date _____

Parent/Guardian Signature_____Date _____

Clark County Board of Commissioners
MARILYN KIRKPATRICK, Chairman
LAWRENCE WEEKLY, Vice-Chairman
LARRY BROWN • JAMES B. GIBSON • JUSTIN C. JONES
MICHAEL NAFT • RICHARD S. SEGERBLOM
YOLANDA KING, County Manager

UNWIND WITH US!

ClarkCountyNV.Gov/parks
ccparks@ClarkCountyNV.gov

GENERAL PROGRAM GUIDELINES

Participants must be at least 5 years of age and have completed Kindergarten in order to participate in Clark County Parks & Recreation School Daze program.

Participants should respect staff and other participants at all times

Children must practice fair play, honesty and sportsmanship

Inappropriate behavior, horseplay, fighting, and abusive language are not allowed (see Patron Behavior Guidelines)

Eating is allowed in designated areas only (Chewing gum is not allowed)

Appropriate clothing and athletic-style shoes are required ***(No sandals or flip-flops allowed*)**.

Personal toys, game equipment, radios and musical equipment are not allowed except when pre-approved by staff

Restitution will be sought for all damage to supplies and equipment resulting from misuse or abuse

_____ (Initial) _____ (Initial)

PATRON BEHAVIOR GUIDELINES

Programs offered through the department are designed to provide a comprehensive leisure experience in a safe and supervised environment. It is our goal that participants succeed in our program. In order to ensure everyone's safety and enjoyment, participants are expected to follow the rules at all times. Staff praises and encourages desired behavior in the hope that participants will be aware that positive behavior will receive more attention than negative behavior. When this practice is ineffective, further action will be taken. Listed below are examples of inappropriate behavior, which will not be allowed:

Abusive language and inappropriate gestures: The use of foul or unkind words, inappropriate gestures toward participants, staff or other person(s)

Fighting/assault: Injuring another participant, staff or person(s) through an inappropriate action

Disrespect of staff and other patrons: Talking back or not listening to staff members, disregarding staff directions and/or displaying discourteous behavior

Misuse of property: Improper care of equipment or items that belong to the department or site location, abuse of items belonging to others

Stealing: Removal of property belonging to Clark County, the facility or other participants without permission

Spitting: Spitting on property, equipment, others or self

_____ (Initial) _____ (Initial)

REFUNDS/CREDITS

Programs are self-funded with staff costs covered solely by participant fees. Therefore, we are unable to offer credit or refunds when participants are periodically absent from the program. This policy will enable us to continue offering participants the same high quality standard of supervision. **We can offer a credit or refund with advanced notice no later than 6pm by the Wednesday prior for the following week.**

Late requests will not be accepted.

_____ (Initial) _____ (Initial)

Submit

Please note: if there is no default email application set to submit the form, please save completed document on the desktop & attach it to an email addressed to: CCSafekey@ClarkCountyNV.gov

SIGN-IN/OUT

I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the child are those listed on this form and a photo ID must be shown. ***Exception: State law prohibits staff from withholding a child from an individual who provides tangible proof he/she is the biological parent or legal guardian, unless court ordered paperwork has been provided.***

_____ (Initial) _____ (Initial)

REGISTRATION FORM UPDATES

I understand that the only person(s) authorized to make changes to this form are the Parent/Guardian(s) who sign below.

_____ (Initial) _____ (Initial)

PRE-PAYMENT POLICY

I understand that School Daze is a PRE-PAY program, meaning payment must be made prior to participation in the program.

_____ (Initial) _____ (Initial)

LATE PICK-UP POLICY

I understand that a $5 late fee will be charged for every ten (10) minutes beginning @ 6:01pm the participant remains at the site.

_____ (Initial) _____ (Initial)

CUSTODY ISSUES

I understand that if custodial issues are in dispute, causing any uncertainty or disruption to our staff or program, the Department expects them to be resolved immediately. If the issue is not resolved immediately, your child may not be able to continue to participate in the Day Camp Program.

_____ (Initial) _____ (Initial)

CHILD CARE ASSISTANCE

I understand that it is my responsibility to provide Urban League Certificates in person prior to utilizing the program. Renewal certificates must be submitted in person prior to the expiration date. I agree to pay for any charges unpaid to the Las Vegas Urban League.

_____ (Initial) _____ (Initial)

MAXIMUM ENROLLMENT DISCLOSURE

I understand that enrollment is based upon first-come, first-served availability and is not guaranteed. Payment is recommended by Wednesday the week prior for the following week.

_____ (Initial) _____ (Initial)

PARENT GUIDELINES

I have read and understand **ALL** the policies and procedures outlined on this form and will fully comply.

_____ (Initial) _____ (Initial)

SOCIAL DISTANCING

I understand that social distancing will be encouraged by CCPR staff whenever possible with an understanding on limitations in social distancing with young children. CCPR staff will require participants to wear parent/guardian provided face coverings (masks) while in the facility.

_____ (Initial) _____ (Initial)