

# **City of Henderson Parks and Recreation Department**



*A Place To Call Home*

## **Campfire Kids Summer 2021 Registration Packet**

Valley View Recreation Center  
500 Harris St.  
Henderson, NV 89015  
702-267-4146

David Castle, Recreation Services Supervisor  
Felisha Aguilar, Preschool Program Coordinator  
Angela Poulson, Preschool Program Lead  
Kristan Park, Preschool Program Lead

# **Campfire Kids Information and Requirements**

Dear parent/guardian,

Campfire Kids is a state-licensed camp designed for children between the ages of 3 and 5. This camp is offered only at Valley View Recreation Center. To register any child into the program, the age requirements listed below must be met (no exceptions). All participants must be toilet trained.

- Children must be 3 years old no later than the first day of the month you would like them to attend.

This program offers a variety of opportunities for your child to socialize with peers through various activities such as arts and crafts, story time, science, outdoor play, music, guest speakers, etc.

Campfire Kids is held May 24-July 30, 2021. There will be no camp the week of July 5-9.

Valley View Recreation Center/ Preschool  
500 Harris St.  
Henderson, NV 89015



# Preschool Registration Form

This form can be copied. Please print and fill out completely.

**Valley View Recreation Center, 500 Harris St. Henderson, NV 89015**

Parent/Guardian: First Name		Last Name			Birthdate		
Street Address		Apt. #	City	State	ZIP		
Day Phone	Evening Phone		Emergency Phone		Email		
Participant 1: First Name		Last Name		Birthdate	Age	Grade/Grade Completed	Gender

 Supporting the Americans with Disabilities Act, if the patron has a physical/emotional/cognitive disability, call (702) 267-4065.

	Activity #	Activity/Class	Location/Pool/Site	Day/Date	Time	Costs
<b>Class 1</b>	—					
Alternate choice if unavailable	—					
<b>Class 2</b>	—					
Alternate choice if unavailable	—					

## Waiver Of Liability and Disclaimer

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the above-listed activity(ies). I further authorize, without prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

In consideration of the permission granted to me or the above-named child to participate in the activity(ies) listed above, I do hereby agree, on my own behalf as the participant or, if the parent or legal guardian, on my own behalf and on behalf of the above-named child, to release the City of Henderson and their officials, administrators, employees, agents, representatives, contracted instructors, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above named child may have against the City of Henderson or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to my or the above named child's participation in the activity(ies) described above. The City of Henderson is not responsible for lost or stolen items. The City of Henderson reserves the right to reconcile customer balances should the customer have available credit on their account.

I represent that I am the parent or legal guardian of this child or that I have permission from the child's parent or legal guardian to enroll the child in this activity; and grant and give the City of Henderson the right to use my or my child's photograph or image, with or without my name or the name of my child, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion. I authorize the City of Henderson to share information with the Clark County School District when necessary.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. I understand that a copy of this waiver of liability and disclaimer will not be provided to me and I am strongly encouraged by the City of Henderson to print a hardcopy for my records. I further understand that if I am a parent or legal guardian enrolling a minor child, I will be required to submit a new registration for each school year.

## Fitness & Sports Activity Waiver Of Liability and Disclaimer

Please read this carefully and be aware that by agreeing to it you will be waiving and releasing claims for potential injuries and property damage arising from participation in this fitness or sports activity. I, as the participant or parent or legal guardian of the above-named child, acknowledge that I understand the physical nature of this fitness or sports activity and that I, or the above-named child, am/is qualified, in good health, and in proper physical condition to participate in such activity. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous fitness activities and have substantial risks of injury such as transmission of diseases. I fully understand that fitness and sports classes may incorporate compound whole-body movements that demand focus and constant attention to form and may involve the risk of serious bodily injury, including, but not limited to, broken bones, torn ligaments, dislocated joints, head injury, stroke, loss of consciousness, cardiac arrest, muscle strain and sprain, back injury, joint pain, pelvic discomfort, knee or hip dislocation, punctures, abrasions, bruising, and shortness of breath which may result in permanent disability, paralysis and/or death. I understand that these and other risks may be caused by my own, or the above-named child's actions or inaction; or by others participating in this event; by the use and adjustment of any equipment or apparatus; the conditions in which the event takes place; or the negligence of the Releasers described below; and that there may be other risks either not known by me, or the above-named child, or not foreseen at this time. I fully accept and expressly assume all such risks and responsibility for injury, losses, costs, and damages I, or the above-named child, incur as a result of my or the above-named child's participation in the activity. I hereby release, discharge and covenant not to sue the City of Henderson, their respective administrators, directors, agents, officers, volunteers, contracted instructors and/or employees (Releasers) for occurrences of any nature or kind arising as a result of my or the above-named child's voluntary participation in this activity. If I, or anyone on behalf of me or the above-named child, makes a claim against any of the Releasers, I or my estate will indemnify, defend, save, and hold harmless each of the Releasers from any liability, loss, damage, or cost, whether for personal injury or property damage, which they may incur as a result of such claim, except to the extent described in the next paragraph.

This release, waiver of liability, and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the intentional, willful, or wanton misconduct of Releasers. No oral representations, statements, or inducements apart from this waiver and release have been made.

I have, or will, inspect the facilities and equipment to be used in conjunction with this event and if I believe any unsafe conditions exists, I will immediately advise a class trainer of such condition and refuse to participate until such condition is corrected. I further acknowledge that I have been advised by the City of Henderson to seek the advice of a health care provider prior to my, or the above-named child's, participation in this activity.

Participant/Parent/Guardian Signature

Date

Participant/Parent/Guardian Signature

Date

Non-residents add 15%



# City of Henderson Parks and Recreation Department

## Youth Participant Information & Parent/Guardian Agreement

This form must be submitted on or before the participant's first day of attending the program.

Participant Name:	Age:	Date of Birth:	Sex: M F
Street Address:	School:		
City:	Current Grade:		
State:	Zip:	Home Phone:	
Parent/Guardian (1):	Relationship to Participant:		
Street Address (if different from participant):	Home Phone Alternate phone (e.g., cell):		
City:	State:	ZIP:	Business Phone: Ext.
Parent/Guardian (2):	Relationship to Participant:		
Street Address (if different from participant):	Home Phone Alternate Phone (e.g., cell):		
City:	State:	ZIP:	Business Phone: Ext.

**Emergency Contact and Authorized Escorts.** List individuals who can respond to an emergency in the event that the legal parent(s)/guardian(s) cannot be reached. Authorized persons listed below (e.g.: other custodial parent/ 3<sup>rd</sup>-party person) must be able to escort the participant from the program.

Name (Parent 1)	Relationship	Day Phone	Cell Phone	Alternate Phone

  

Name (Parent 2)	Relationship	Day Phone	Cell Phone	Alternate Phone

If your child has special needs and/or needs assistance to fully and safely participate in a program, the Preschool Program Coordinator needs to be contacted in advance. Please advise the Program Coordinator of any possible need for assistance at least two (2) weeks prior to the program's start date. **For full telephone access, use Relay Nevada by dialing 7-1-1.**

Special Needs, Allergies, Medical Information & Special Considerations:

### PARTICIPANT, PARENT/GUARDIAN AGREEMENT

**I have read the parent handbook and agree to abide by the program rules and regulations. If procedures are not followed, I understand my child may be removed from the program. This authorization will be effective until the beginning of the next school year.**

Parent (1) /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (2) /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Participate and for Emergency Medical Treatment

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the Youth Enrichment activity(ies) noted in the Parent Handbook. I further authorize, without my prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

Parent (1) /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (2) /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Participant Name:

Age:

School:

Grade:

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

In consideration of the permission granted to me or the above-named child ("Participant") to participate in the Youth Enrichment and the activity(ies) provided during the Program, including, but not limited to, those described in the Parent Handbook,

**I DO HEREBY AGREE**, on behalf of myself and on behalf of my child, in my capacity as his/her parent and/or guardian to **RELEASE** the City of Henderson, its employees, former employees, volunteers, officials, representatives and agents ("CITY Parties") from and **WAIVE all liability** against the CITY Parties, and each of them, for any and all manner of action or actions, cause or causes of action, suits, judgments, demands, claims, rights, debts, agreements, promises, liabilities, obligations, losses, damages (whether general, special or punitive), attorney's fees, liens, indemnities, costs and expenses (collectively referred to as "Claims"), of every nature, character, description and amount, regardless of severity, **INCLUDING, but not limited to "CLAIMS" ARISING FROM OR RELATED TO THE NEGLIGENCE OF THE CITY OF HENDERSON AND/OR THE NEGLIGENCE OF ITS EMPLOYEES, VOLUNTEERS, OFFICIALS, REPRESENTATIVES OR AGENTS** which I and/or my child may have at any time without limitation or exception, whether anticipated or unanticipated, foreseen or unforeseen, direct or indirect, whether based on theories of contract, breach of contract, breach of the covenant of good faith and fair dealing, tort, violation of statute or ordinance, or equitable theory of recovery, or any other theory of liability or declaration of rights whatsoever, for or by reason of any event, transaction, matter or cause whatsoever, with respect to, in connection with, arising from or related in any manner to my and/or the above named child's participation in the Youth Enrichment Program and/or its activities.

I understand that the Program and activities in which I and/or the above-named child will be a participant in the Program involve the risk of injury to participants, whether caused by the participant, someone else, the City of Henderson and/or other CITY Parties. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries including death. In consideration of my or my child's participation in the Program, **I understand and voluntarily accept and assume the risks and agree that the City of Henderson**, its officers, officials, employees, former employees, volunteers, agents and independent contractors **WILL NOT BE LIABLE FOR ANY INJURY**, including without limitation, personal, bodily, or mental injury, economic loss or any damage to me, my child(ren), my spouse or to my relatives or the relative of the above-named child resulting or arising from the negligence of the City of Henderson, its officers, officials, employees, former employees, volunteers, agents, independent contractors, other participants or non-participants present or near to location where Program activities take place or where Program Participants are present **whether related to the Program activities or not.**

**I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND** the City of Henderson, its employees, volunteers, officials, representatives and/or agents from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees), **INCLUDING, but not limited to "CLAIMS" ARISING FROM OR RELATED TO THE NEGLIGENCE OF THE CITY OF HENDERSON AND/OR THE NEGLIGENCE OF ITS EMPLOYEES, VOLUNTEERS, OFFICIALS, REPRESENTATIVES OR AGENTS** for which the CITY Parties, or any of them, may become obligated by reason of any injury, damage or loss to any person or property, including, but not limited to, those described in the release and waiver above.

\_\_\_\_\_  
Please Print Parent (1) /Guardian Name

\_\_\_\_\_  
Please Print Parent (2) /Guardian Name

\_\_\_\_\_  
Parent (1) /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (2) /Guardian Signature

\_\_\_\_\_  
Date



Participant Name:	Age:	School:	Grade:
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**RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT CONT.**

I acknowledge, that the City of Henderson is not responsible for lost or stolen items. The City of Henderson reserves the right to reconcile customer balances should the customer have available credit on their account.

I represent that I am the parent or legal guardian of this child or that I have permission from the child's parent or legal guardian to enroll the child in this activity; and grant and give the City of Henderson the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but limited to, private or public presentations, advertising, publicity and promotion.

I authorize the City of Henderson to share information with the Clark County School District when necessary.

I acknowledge and agree that this form may be executed by me and transmitted electronically to the City of Henderson and that if I elect to do so, such transmission shall in no way impair the legally binding effect of the representations, waivers, and provisions set forth and agreed to herein.

I represent that I am the parent or legally appointed guardian of the named child and am authorized to enter into the agreements set forth above on behalf of myself and the named child.

I agree that this Agreement contains my entire, complete, sole and only understanding and agreement concerning the matters set forth herein and that there are no independent, collateral, different, additional or other understandings or agreements, oral or written that I have relied upon in entering into this Agreement. I agree that no document have been incorporated into this Agreement by reference or otherwise.

**I have read and fully understand the terms of this Release and Waiver of Liability, Assumption of Risk and Indemnification Agreement, and sign it voluntarily and with full knowledge of its significance and consequences.**

\_\_\_\_\_  
Please Print Parent (1) /Guardian Name

\_\_\_\_\_  
Please Print Parent (2) /Guardian Name

\_\_\_\_\_  
Parent (1) /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (2) /Guardian Signature

\_\_\_\_\_  
Date

City of Henderson Parks and Recreation Department  
Campfire Kids Summer 2021

**Payment Information/Late Pick Up/ Preschool Plus**

**Registration Information**

All registration and participation is subject to space availability. Parents can register in advance with a 10% non-refundable, non-transferable deposit per child per week. After your deposit is made, the balance is due on or before the Wednesday prior to each week the child is scheduled to participate. Payments can be made online until 11:59pm or at any recreation center/indoor pool during regular business hours.

One child- \$60

Two siblings- \$114

Three or more siblings-\$168

Drop-in days available, pending space for \$18

**Preschool Plus**

Preschool plus is a before- and after- preschool recreational enrichment program for children enrolled into Campfire Kids. The program provides crafts, games, and special activities. Participants can register online by 11:59pm the night before the child will be attending. Price is per day, per child.

AM Preschool Plus	7:00am-9:00am	\$7.00*
PM Preschool Plus	3:00pm-6:00pm	\$10.50*

\*Non-Henderson residents add 15%.

**Late Pick Up**

Please be prompt in picking up your child at the conclusion of class. A \$10 late pick-up fee is assessed for every ten-minute increment the child stays past the scheduled program end time, beginning one minute after the conclusion of designated class time. The late pick-up fee is due at the time of pick up or before the participant returns to the program.

I, \_\_\_\_\_, parent/guardian of Campfire Kids participant,  
\_\_\_\_\_, (first and last name), have read  
and understand the above described Campfire Kids payment information and late  
pick-up policy.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Campfire Kids Internal field trip release form



<b>Site:</b> VVRC Campfire Kids	<b>Participant's Name:</b>	<b>Age:</b>
<b>Activity Location:</b> Valley View Recreation Center, 500 Harris St., Henderson, NV 702-267-4146	<b>Address:</b>	
<b>Date:</b> May 24-July 30	<b>Parent/Guardian Name:</b>	
<b>Price:</b> None	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>AM Preschool Plus Class Time:</b> 7:00am-9:00am	<b>Cell Phone:</b>	<b>Alt. #:</b>
<b>Campfire Kids Class Time:</b> 9:00am-3:00pm	<b>Emergency Name:</b>	<b>Phone #:</b>
<b>PM Preschool Plus Class Time:</b> 3:00pm-6:00pm		
<p>Campfire Kids participants may take part in activities at Valley View Recreation Center's gymnasium, patio, racquetball courts, meeting rooms, and dance room. The City of Henderson is not responsible for lost or stolen items.</p> <p><b>Please read before signing</b></p> <p>By signing below, I hereby give my permission for the above-named participant to take part in field trips and acknowledge that the field trip is part of the above-listed activity and that the authorization for emergency medical treatment and the release previously executed for this activity cover this field trip.</p>		
<b>Signature of parent/guardian:</b>		
<b>Date:</b>		

Please do not cut



## Campfire Kids Program Parent Advisory



**Parent advisory:** This facility may use chemical air fresheners during hours of operation.

**Parent advisory:** This facility may use professional pesticide services without providing further notice.

I, \_\_\_\_\_, parent/guardian of Campfire Kids participant \_\_\_\_\_ (first and last name), have read and understand the above advisories.

\_\_\_\_\_  
Signature of parent/guardian

Date: \_\_\_\_\_  
month/day/year





# Campfire Kids

## Participant Questionnaire

Please complete the following questionnaire and return it with your Campfire Kids registration packet.

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

**1. How many of the following does your child have?**

- a. Brothers \_\_\_\_\_ Names: \_\_\_\_\_
- b. Sisters \_\_\_\_\_ Names: \_\_\_\_\_
- c. Playmates \_\_\_\_\_ Names: \_\_\_\_\_
- d. Pets \_\_\_\_\_ Names: \_\_\_\_\_

**2. Tell us what your child likes:**

- a. Favorite toys \_\_\_\_\_
- b. Favorite TV shows \_\_\_\_\_
- c. Favorite activities \_\_\_\_\_

**3. Please tell us anything about your child you feel would help us get to know them better. Please check as many of the following that apply.**

- |                                      |                               |
|--------------------------------------|-------------------------------|
| _____ Shy                            | _____ Aggressive              |
| _____ Toilet-training problems       | _____ Difficult to understand |
| _____ Does not play well with others |                               |
| _____ Other _____                    |                               |

Comments:

Thank you for your feedback. It will enable our staff to provide a quality program.

# Permission to Release Information

I understand that during the time my child: \_\_\_\_\_  
is in the care at the \_\_\_\_\_ that the  
Director may be asked for information regarding my child.

Please check one:

☐ I hereby give permission to release information to official persons only who identify themselves, such as schools, health care personnel, welfare or there governmental officials.

**Signature of Parent/Guardian** \_\_\_\_\_

☐ I do not give permission to release information about my child as set forth in the  
aforementioned statement. I realize that the Bureau of Services for Child Care has access  
to my child's record as the licensing agent.

**Signature of Parent/Guardian** \_\_\_\_\_

## Child Care Licensing Information- NRS 432A.178

The Bureau of Services for Child Care is notifying all facilities within the Bureau's jurisdiction that NRS 432A.178 is now in effect. Child care facilities must fill out the standardized form listing a summary of complaints the facility has received in the last 12 months. If a complaint requires disciplinary action all children enrolled in the facility will be notified within 3 working days.

**I, \_\_\_\_\_, am aware that I have the right to request and view  
any complaints the facility has received for the month my child(ren) enrolled in and  
the previous 12 months.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



## CITY OF HENDERSON COVID-19 ASSUMPTION OF RISK/WAIVER/RELEASE

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Henderson (the "City") has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the City program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the City program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the City program.

**On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.**

---

Signature of Parent/Guardian

Date

---

Print Name of Parent/Guardian

Name of Participant(s)

# Health Statement

Child's Name:	Birth Date:
Parent's Name:	
Parent's Address:	
Status of above child's health:	
Any known conditions under treatment:	
Child is capable of adjusting to programs of the child care facility:	
<b>Signed: (MD or RN)</b>  <b><u>*Please print doctor's name, office address &amp; phone number</u></b>	



# Required Vaccinations

	Prior to 4 yrs.	4-6 yrs.
<b>Hep B</b> (Hepatitis B)	3-4 doses**	
<b>DTap / Tdap</b> (Diphtheria tetanus, pertussis)	4 doses	5 doses
<b>Hib</b> Haemophilus influenza type B	3-4 doses**	
Polio	3 doses	4 doses
PCV Pneumococcal conjugate	4 doses	
RV Rotavirus	2-3 doses**	
MMR Measles, mumps, rubella	1 dose	2 doses
Varicella Chickenpox	1 dose	2 doses
Hep A Hepatitis A	2 doses	



\*\*Number of doses will vary depending on the type of vaccine your health care provider uses.

## Immunization Exemption

Unless your child is excused due to a medical condition (which must be signed by a doctor) or because of religious belief, he/she may not be enrolled in a child care facility in the state of Nevada without the required immunizations.

■ Keep for your records ■

**CITY OF HENDERSON**

240 Water Street

P.O. Box 95050

Henderson, NV 89009

**PARKS AND RECREATION**

Shari Ferguson

Director

702-267-4000

fax 702-267-4001

Dear Parent:

You've all read the headlines and seen the news stories: food allergies are a growing concern across America. Millions of children who are perfectly healthy and normal in every other way must watch every bite they eat, or risk suffering a severe or even life-threatening reaction. In fact, food allergies claim an estimated 150 lives and are responsible for more than 125,000 emergency room visits each year. A major health issue such as this must be taken very seriously, and it has always been the policy of the City of Henderson to make the safety and well-being of our participant's top priority.

A participant in your child's class has a serious nut allergy. A child with serious nut allergy can suffer a reaction merely by touching a nut-containing food or food processed in a factory where nuts are present. Therefore, we are putting the following safety guidelines into effect:

- Please do not send any nuts, any type of nut butter, coconut or foods containing nuts, nut butters or coconut or food that has been processed in factories where nuts, nut butters or coconut have been present.
- Holiday and birthday parties are a special time for children but can be difficult for the child with a food allergy. When sending treats for parties, please read all ingredients on the package and where/how the product was processed to ensure no nut or coconut products are in or have been processed where nuts or coconut has been processed. Please send all treats in the original packaging.

This is a learning process for all of us, but we trust that you understand how deeply important it is to respect and adhere to these guidelines. If you have any questions or concerns about food-allergy-related issues, please do not hesitate to contact me.

Sincerely,  
Felisha Aguilar  
Preschool Program Coordinator

CC: Xanie Gann, Recreation Services Manager  
David Castle, Recreation Services Supervisor

■Keep for your records■