

|                         |            |                 |       |           |     |
|-------------------------|------------|-----------------|-------|-----------|-----|
| Participant: First      |            | Last            |       | Age:      |     |
| School last attended:   |            | Grade:          |       | Birthday: |     |
| Parent/ Guardian: First |            | Last            |       |           |     |
| Street Address          |            | Apt. #          | City  | State     | ZIP |
| Home phone              | Work phone | Emergency Phone | Email |           |     |

| Teen WORK is available May 31-August 5 |            |                           |              |
|--|------------|---------------------------|--------------|
| ATTENDING<br>(mark all that apply)     | SESSION    | SESSION DATES             | SESSION COST |
|  | Session I  | May 31-July 1 (5 weeks)   | \$200        |
|  | Session II | July 6-August 5 (5 weeks) | \$200        |

Does the participant require assistance to take part in this chosen activity?

Yes\_\_\_

No\_\_\_

### Program and location choices:

|   |         |          |
|---|---------|----------|
| 1 | Program | Location |
| 2 | Program | Location |
| 3 | Program | Location |

Although we make every effort to honor program and location requests, space may not be available at the locations requested.

Please answer the questions on the following pages

Do you have previous experience in a leadership program (e.g., Counselor in Training, volunteer)? If yes, please explain:

Do you need time off due to a planned family vacation? If yes, when?

What are your interests and hobbies?

What is your experience in working with children of different ages?

What other information about yourself would you like to share?

If you were a cartoon character, who would you be and why?

I acknowledge that my signature validates the above information as correct and I understand and will abide by the City of Henderson Parks and Recreation Department's Teens WORK rules.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's 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 above-listed activity(ies). 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). **I have read the program 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. I further understand that the City of Henderson is not responsible for lost or stolen items. This authorization will be effective until the beginning of the next school year.**

\_\_\_\_\_  
Participant/parent/guardian print

\_\_\_\_\_  
Participant/parent/guardian signature

\_\_\_\_\_  
Date

The City of Henderson welcomes participants of all ages and abilities to participate in its recreation programs. If you/your child needs assistance to fully and safely participate in a program, contact the program coordinator in advance and advise of any possible need for assistance at least two weeks prior to the program's start date. DD services for the hearing impaired can be accessed at 702-267-1425.

**Release**

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, its Parks and Recreation Department, and its officials, administrators, employees, agents, representatives, 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, its Parks and Recreation Department, 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.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. **This release will be effective until the beginning of the next school year.**

\_\_\_\_\_  
Participant/parent/guardian signature

\_\_\_\_\_  
Date

**Submit completed application and letter of recommendation to:**

PKSAFEKEYAUDITING@cityofhenderson.com

OR

City of Henderson Youth Enrichment

City Hall Annex

280 S. Water St.

Henderson. NV 89015