



Summer Camps 2018 Family Information Guide, Policies and Required Forms

Welcome!

We're glad you're here, and we hope you're ready for adventure! We've put together this guide to help you understand what to expect and to help ensure your child has the best experience possible. Please read through this information in full and be sure to completely **fill out, print and return all of the required forms included in this packet on your first day of camp:**

- Camper Expectations and Policies
- Camper Emergency Contact Information
- Consent & Release Agreement
- Springs Preserve Camp Program Release of Liability
- Medical Treatment Authorization for a Minor
- Springs Preserve Summer Camp Program Swimming at the YMCA Release of Liability
- YMCA Constituency Form (This is a waiver only. No other YMCA fees apply. All must complete, even if already a Y member.)

Camper Ages

We accept children ages 6-12 for our camp programs. Children **must** be age 6 by the first day of their enrolled camp. We may ask you to provide proof of age for your child.

Camp Location and Hours

All camps take place at the Springs Preserve (333 S. Valley View Blvd, Las Vegas, NV 89107). Once you enter the main drive, please look for the fork to the main parking lot on the left. Once you enter the Preserve, follow the signage for camp to the Partnership Room. Preserve staff are available at the podium from 8:00-5:00 if additional direction is needed.

Summer camps also include two offsite excursions per week for Wednesday picnic and play at Cragin Park, as well as Thursday afternoon swimming at the YMCA, adjacent to the Springs Preserve on Meadows Lane.

Official summer camp programming runs from 9 am-4 pm daily, Monday-Friday.

- Please drop off your child no earlier than 8:45 am and pick up no later than 4:15 pm unless you are enrolled in optional camp extended care. Otherwise you will be charged for extended care.
- Camp extended care is offered from 7-9 am and from 4-6:30 pm. The cost is an additional \$50 per week/per child.
- For those in extended care, we allow a 5-minute grace period; if your child is not picked up by 6:35 pm, you will be charged a \$10 late fee, which must be paid before your child can return to camp.
- Campers not picked up by 7 pm will be considered abandoned and the appropriate authorities will be called.

How to Reach Us

The Springs Preserve Camp Phone is 702-419-4409. Please call us in the event of an emergency. If you know you will need to arrange an early pick-up, alert camp staff at the check-in desk during morning arrival or call the Camp Phone in advance.

Camp administrators are available to speak directly to parent/guardians during extended care and are available for non-emergency inquiries at 702-822-7784.

Sign In/ Sign Out

All campers must be signed in and signed out daily by a parent or guardian at least 18 years of age. Campers will not be released to any person not listed on your Camper Emergency Contact Information Form. **NO EXCEPTIONS! We do NOT allow authorizations over the phone. We DO require Photo ID DAILY at time of pick-up, regardless of how familiar the adult may be to Preserve Staff.** This procedure is to ensure your child's safety.

Registration and Payment Policies

We encourage you to register in advance to secure your child's spot in camp. Please check your family's schedule carefully and ensure you understand our Refund Policy, as refunds are extremely limited. We offer a Wait List when weeks sell out. Call

702-822-7700 to make your request. We will contact you by Wednesday of the prior week if a spot has opened. At that time, payment in full is required to secure the spot.

Register online 24/7 at springspreserve.org

Online registration for summer camps requires **payment in full** with a major credit or debit card.

Register in person or by phone

Register in person at the Springs Preserve ticket windows, 333 S. Valley View Blvd. Hours: 9 am-5 pm daily.

Register by phone at **702-822-7700**. Our reservation staff will read you a reservation number to confirm your registration. Please retain this reservation number.

Refund Policy

No refund or credit will be given for days missed during the camp week for which your child is registered.

No refund or credit will be given if your child is dismissed from camp for inappropriate behavior.

Transfers

Before you cancel an existing reservation, your first option may be to transfer your reservation to another week instead. You must make your transfer request **in person** at the Springs Preserve ticket window. Transfer requests by phone or mail will not be accepted.

- For a fully paid reservation, a transfer to a new week, **if that week is available**, may be done **without** additional costs or fees if completed at least **14 days in advance**. For example, if you have purchased Week 2 and wish to transfer to Week 3, your transfer request must be made by the Monday of Week 1 and space must be available in the week to which you wish to transfer.
- If the week(s) to which you wish to transfer are full, and we are unable to accommodate you, you must submit a cancellation request (see below). A cancellation fee will apply.

Cancellations

A minimum cancellation fee of \$50 per week will apply for all cancellations. You must make your cancellation request **in person** at the Springs Preserve ticket window. Cancellation requests by phone or mail will not be accepted.

- For cancellation requests received in person no later than 6 pm on the **Monday prior** to the week of camp, a refund will be processed less a **\$50 cancellation fee per week**.
- Cancellation requests received less than 7 days prior to the first day of camp are 100% non-refundable.

Tax information

Our Federal Tax Identification Number is #88-6000363. Spring break and/or summer statements will not be mailed. Please keep your receipts/tickets or cancelled checks for tax documentation.

What to Wear Daily

Please prepare your child properly for camp each day. Clothing must be in good taste and weather appropriate; it should also be comfortable for a long, active day.

Campers may not wear sandals, open-toed shoes, flip flops or wheeled shoes. Shirts must cover the waistline, and sleeveless shirts must have straps. Remember, your child's clothes may get dirty...that's part of the fun of camp!

What to Bring Daily

Please mark your child's full name on everything, including lunches. Camp staff are not responsible for lost or missing items.

Bring these items daily:

- A non-perishable lunch and snacks (lunches will be kept in an air-conditioned building but will not be refrigerated)
- A refillable water bottle
- Sunscreen: Please put sunscreen on your child before camp daily and **DO** send sunscreen to camp with your child. We'll provide frequent opportunities for kids to reapply sunscreen throughout the day. However, please note that camp staff cannot apply sunscreen to campers.
- Swimsuit and towel on THURSDAY. **Swimsuit must be worn underneath that day's outfit. No string bikinis, please.**

- A small backpack or bag to carry all of the above
- Optional: hat, light jacket for cool indoor rooms

Please check the lost and found box by the camp sign-in/sign out table for any misplaced items. All unclaimed/unlabeled items will be cleaned and donated to charity at the **end of each camp week**.

What NOT to Bring Daily

PLEASE DO NOT BRING anything with monetary or sentimental value such as electronic games, radios, CD players, cell phones, iPods, sports equipment, toys, trading cards/toys, money or jewelry. In addition, absolutely **no knives** (pocket or any other), toy/water guns or sharp objects.

Health Policies

Although a physical is not required to attend camp, your signed Springs Preserve Camp Program Release of Liability is considered representation that your child is of reasonable physical health to attend camp.

Administration of medication

You must have a signed Medical Treatment Authorization for a Minor form on file for camp staff to administer your child's medication. This includes inhalers, epi-pens and prescription and non-prescription medication.

All prescription and over-the-counter medication **MUST** come in the original pharmacy or manufacturer's container and be placed in a ziploc bag that clearly lists the camper's name; the physician's name; the name of the medication; the correct daily dosage; and the time(s) of day the medication is to be administered.

Illness or Injury

If your child shows signs of moderate to serious illness, rash, fever, diarrhea, infection or other contagions while at camp, we will call you or your emergency contact(s) and ask that you pick up your child within one hour. In case of lice, campers will be allowed back after following physician's directions and a minimum of two days' wait. No children showing signs of nits will be allowed at camp.

If your child experiences a minor illness or injury at camp, staff will notify you at the time of pick-up. In the event of a serious injury requiring immediate medical treatment, Springs Preserve staff and Security will call 911 first (as appropriate) and the parent immediately thereafter; 911 emergency personnel will be responsible for any transportation to local medical facilities. A staff person will follow the ambulance and stay with your child until a parent or emergency contact is able to arrive.

Americans with Disabilities Act

If your child needs a reasonable accommodation to participate in our camp, please make your request to the Education Programs Supervisor. Upon reasonable notice, efforts will be made to accommodate your request in accordance with the Americans with Disabilities Act. The majority of the Springs Preserve's historic trails are not wheelchair accessible with the exception of the Exploration Loop Trail.

Staff

All camps will have a minimum 1:20 staff to camper ratio. The Springs Preserve maintains age-appropriate staffing ratios and utilizes trained, experienced camp staff in addition to our year-round Springs Preserve Education staff. The application and interview process for our staff includes reference checks and fingerprinting. Guest instructors, if applicable, will be accompanied by Springs Preserve Education staff at all times.

Please let us hear from you

The Springs Preserve is committed to helping each camper have the best possible camp experience. Please make our staff aware of any issues so that we may address them.

Springs Preserve Camper Expectations and Policies

PLEASE COMPLETE

CAMP DATE(S): _____, 20__

Check one: Summer Spring Break

Science (STEM) Other _____

Please review these guidelines with your child prior to the first day of camp.

Respect – When asked to do or not do something, a camper must follow directions the first time given. This is for the safety and consideration of all campers. Please speak to staff and other campers with respect. Campers will also refrain from any obscene language or gestures.

Play – Campers are asked not to engage in any horseplay with each other or with a counselor. No one will be allowed to hit, kick, push or display any type of aggressive behavior. We keep our hands and feet to ourselves.

Responsibility – All campers need to remain with their group and within eyesight of their counselor. We want campers to be safe at all times.

What will happen if these guidelines are violated?

1. **First violation** – A staff member will address and document the issue directly with the child. The child may be removed from an activity for the day. Parents will be contacted during the day or at the end of camp depending on the time of the incident. Parent must sign the Behavior Incident Report at time of pickup.

2. **Second violation** – A staff member will address and document the issue directly with the child. Parents will be contacted immediately to pick up their child from camp. A conference will be scheduled with the parent or guardian to discuss a plan of action regarding the poor behavior. The child may be suspended from camp for up to an additional day. Parents must sign the Behavior Incident Report at the time of pickup.

3. **Third violation** – Child will be dismissed from the camp for the remainder of the week and summer, if applicable. There will be no refund or credit given for children who are dismissed from camp for inappropriate behavior for that week's camp.

Any child causing self-harm or harm to another child or staff member will be dismissed from camp immediately.

Violations for campers attending multiple weeks of camp will carry over.

Please sign, date and return on the first day of camp:

I, _____ (print name of parent or guardian), have read and understand all policies for Springs Preserve Camp Programs.

I, _____ (print name of parent or guardian), have read and discussed the Camper Expectations with my child(ren).

Parent name _____
Parent signature _____

Child name _____
Date _____

Springs Preserve Camper Emergency Contact Information

PLEASE COMPLETE

CAMP DATE(S): _____, 20__

Check one: Summer Spring Break

Science (STEM) Other _____

Camper Name: _____

Camper Age: _____ Camper Date of Birth: _____

Please list any allergies or dietary requirements: _____

Will you be using optional extended care? Yes No

If YES, when: am care only (6:30-9 am) pm care only (4-6:30 pm) BOTH am and pm care

Emergency Contact Information

Emergency Contact 1:

Name: _____

Phone: () _____ Work: () _____ Cell: () _____

Relationship to Camper: _____

Emergency Contact 2:

Name: _____

Phone: () _____ Work: () _____ Cell: () _____

Relationship to Camper: _____

Names of Individuals Authorized to Pick Up This Camper (A picture ID will be required to sign out camper each day)

PLEASE PRINT:

Parent/Guardian Information

I certify that the individual(s) I have listed above are authorized to pick up this camper.

Parent/guardian signature: _____

Parent/guardian name(s) PLEASE PRINT: _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone () _____

Email address(es): _____

Yes! I would like to receive email information on future Springs Preserve camps, youth education programs, events and registration discounts.

Springs Preserve Consent & Release Agreement

PLEASE COMPLETE

CAMP DATE(S): _____, 20__

Check one: Summer Spring Break

Science (STEM) Other _____

PARTICIPANT Printed Name _____

Address _____

City, State, Zip _____

The above-mentioned does hereby consent to the use by Springs Preserve to make, produce, reproduce, exhibit, distribute, publish, print, post to Internet, websites and transmit by means of live broadcast or cablecast, film, videotape, or any other similar mechanical or electronic method, including multi-streaming via the Internet or other on line technology services that exist today or will be created in the future, the Participant's name, voice, picture, likeness, poses, actions and any combination of any of these for any promotion or benefit of Springs Preserve.

Participant understands that services rendered hereunder are subject to Springs Preserve and Las Vegas Valley Water District approval, direction and control at all times. Springs Preserve and the Las Vegas Valley Water District are not responsible for any agent's commission in connection with the making or performance of this agreement.

Participant hereby releases and discharges Las Vegas Valley Water District and Springs Preserve from any and all liability arising out of or in connection with the making, producing, reproducing, processing, exhibiting, distributing, publishing, transmitting by any means or otherwise using the above-mentioned production.

The undersigned hereby certifies and warrants that the Participant is over the age of 21 years (or has been given consent by guardian) to enter into this consent and release and has read same in its entirety and understands all of its terms and provisions.

By approving the role of Participant for this program, I understand that I agree to the terms and conditions outlined herewith.

Accepted By _____
Guardian Signature and Date

I decline consent of the terms above.

Accepted By _____
Guardian Signature and Date

9/22/15

Springs Preserve Camp Program

Release of Liability and Covenant not to Sue

PLEASE COMPLETE

CAMP DATE(S): _____, 20__

Check one: Summer Spring Break

Science (STEM) Other _____

I, _____, on behalf of my minor child, _____, any personal representatives, heirs, and next of kin, hereby release the Las Vegas Valley Water District, d/b/a Springs Preserve ("PRESERVE") and their agents, employees and/or officers and Board of Directors from any liability of personal injury, death, or property damage through my child's participation in the Springs Preserve Camp Program ("Camp").

I am fully aware, understand and acknowledge that my child will be involved in physical activities, both outside and indoors, during the Camp, including but not limited to hiking on nature trails, playground activities, interaction with animals, theater activities, gardening, and arts and crafts that my child will engage in that may result in physical injury. I understand and acknowledge that these activities have inherent risks associated with them, and I knowingly assume those risks, release and covenant not to sue the PRESERVE for any liability whatsoever resulting from my child's participation in the activities of the Camp. In the event of an injury, I consent to emergency medical attention for my child.

I understand and acknowledge that, as a part of the Camp, my child may be taken beyond the PRESERVE property to a community park(s). I give consent for my child to participate in excursions which involve walking or being driven beyond the PRESERVE property under supervision by one or more of the PRESERVE's Camp staff within Camp hours.

I understand that the PRESERVE – through one or more of its Camp staff – will be transporting my child by motor vehicle during the Camp. I appreciate the risks associated with driving and voluntarily and freely assume any and all rights of accident, liabilities, injury, damage or loss of property with my child when the transportation is provided. Knowing these risks and understanding that the transportation may be provided with one adult in the vehicle, I nonetheless authorize the PRESERVE to transport my child as described above. I agree to hold the PRESERVE harmless from any and all damages, losses, claims and suits arising from or related to the transportation provided by its Camp staff. I further understand the transportation is being solely provided during the Camp and the PRESERVE will not provide such transportation to or from the Camp to my home or outside the transportation for Camp activities.

The undersigned hereby agrees to indemnify and save and hold harmless the PRESERVE from any loss, liability, damage, or cost that may occur as a result of my minor child's participation in the Camp. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of PRESERVE or otherwise while in, about, or upon the premises of the Springs Preserve.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing writing agreement have been made.

Signed this ____ day of _____, 20 ____

Parent/Guardian printed name _____

Parent/Guardian signature _____

Participant name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

9/22/15

PLEASE COMPLETE

CAMP DATE(S): _____, 20__

Check one: Summer Spring Break

Science (STEM) Other _____

Medical Treatment Authorization for a Minor

I, _____ (parent/legal guardian), hereby grant Springs Preserve Staff, of 333 S. Valley View Blvd., Las Vegas, Nevada, the authority to obtain medical treatment for the following child:

Name of Child (please print): _____

Birthdate: _____

The above care provider(s) are authorized to:

Obtain medical treatment and procedures for the child as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.

Obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).

Administer medications as follows:

Name of Child: _____

Name of Medication: _____

Amount/dosage to be Given: _____

Time(s) to be Given: _____

This grant of temporary authority shall be in effect throughout my child's participation in the Springs Preserve Camp Program.

Signed this ____ day of _____, 20__

Parent/Guardian signature _____

Parent/Guardian printed name _____

Address _____

City _____ State _____ Zip Code _____

Preferred Phone Number: (____) _____

Alternate Phone Number: (____) _____

**Springs Preserve Summer Camp Program
Swimming at the YMCA
Release of Liability and Covenant not to Sue**

PLEASE COMPLETE CAMP DATE(S): _____, 20__ Check one: <input type="checkbox"/> Summer <input type="checkbox"/> Spring Break <input type="checkbox"/> Science (STEM) <input type="checkbox"/> Other _____

I, _____, on behalf of my minor child, _____, any personal representatives, heirs, and next of kin, hereby release the Las Vegas Valley Water District, d/b/a Springs Preserve ("PRESERVE") and their agents, employees and/or officers and Board of Directors from any liability of personal injury, death, or property damage through my child's participation in the Swimming Program during the Springs Preserve Summer Camp Program ("Camp") at the Bill & Lillie Heinrich YMCA.

I am fully aware, understand and acknowledge that my child(ren) will be involved in the Swimming Program with the Camp, and as such, my child will be required to walk across the street of Valley View Boulevard and Meadows Lane to the Bill & Lillie Heinrich YMCA ("YMCA") located at 4141 Meadows Lane, Las Vegas, NV 89107. I am fully aware, understand and acknowledge that my child will be accompanied by a Camp counselor but that walking across streets such as this has inherent risks associated with it. I knowingly assume those risks, release and covenant not to sue the PRESERVE for any liability whatsoever resulting from my child's participation in the Swimming Program with the Camp.

Further, I am fully aware, understand and acknowledge that my child will be involved in swimming at the YMCA and that swimming has inherent risks associated with it, including but not limited to sunburn, skin and hair irritation, other bodily injury and even death. I knowingly assume those risks, release and covenant not to sue the PRESERVE for any liability whatsoever resulting from my child's participation in the Swimming Program with the Camp. In the event of an injury, I consent to emergency medical attention for my child.

The undersigned hereby agrees to indemnify and save and hold harmless the PRESERVE from any loss, liability, damage, or cost that may occur as a result of my minor child's participation in the Swimming Program with the Camp. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of PRESERVE.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing writing agreement have been made.

Signed this ____ day of _____, 20__
Parent/Guardian printed name _____
Parent/Guardian signature _____
Participant name (please print) _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____



YMCA OF SOUTHERN NEVADA MEMBERSHIP APPLICATION

BRANCH: BLH DH CH SV

MEMBER ID: _____

DATE: _____

Full Member Program Participant Away Member Guest Pass Day Pass Prospect Volunteer Employee D CODE _____

* Required Information

Parent info

PRIMARY MEMBER

Please write neatly.

First Name*	Middle Name	Last Name*	Birthdate*	Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Home Address*		City*	State*	Zip Code*
Primary Phone Number*	Email*			
Employer	Ethnic Origin: <input type="checkbox"/> Unspecified <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other			

Privacy Notice: We will not disclose your email information to third parties or anyone outside the YMCA of Southern Nevada. By providing your email address, you agree to receive emails regarding your membership, as well as news about YMCA programs, services and events.

ADDITIONAL ADULT

Please write neatly.

First Name*	Middle Name	Last Name*	Birthdate*	Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Primary Phone Number*	Alternate Phone Number	Email*(must NOT be the same as the primary member)		
Relation to Primary Member*	Ethnic Origin: <input type="checkbox"/> Unspecified <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other			

DEPENDENTS

Please write neatly.

Child info

1.	2.	3.	4.	5.	6.
First Name*	Middle Initial	Last Name*	Birthdate* (MM/DD/YYYY)	Gender*	Relation to Primary*

EMERGENCY CONTACT

Please write neatly

First Name*	Last Name*	Emergency Phone*
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HOW DID YOU HEAR ABOUT US

Check One:
 Radio Television Billboard Drive by - Live in area YMCA Direct Mail Email Yellow Pages Magazine Place of Employment Member Former Member Friend/Family Medical Referral

MEMBERSHIP STANDARDS/INFORMED CONSENT/PHOTO RELEASE

Please initial and sign below.

- In consideration of gaining membership and/or being allowed to participate in the activities and programs of the YMCA of Southern Nevada ("YMCA") and to use its facilities (whether owned or leased), equipment and machinery, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, volunteers representatives, directors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in such activities or program or my use of such facilities, equipment or machinery, even if such damage or injury results from a negligent act or omission.
- I understand that I should consult my physician before starting any fitness/physical program.
- I agree to adhere to all policies set by the YMCA as communicated to me, as posted at the YMCA facility, or as written in the YMCA Membership Handbook. In the event that I or any of my family members fail to adhere to policies set by the YMCA, I understand that my membership may be subject to suspension or termination.
- I understand that the YMCA will annually review its pricing structure, which may result in an increase of my monthly or annual membership fees. I understand that I will receive notice at least four weeks prior to any such change.
- I grant the YMCA the right to use my name and likeness in a photograph, filmed production, advertisement, audio segment, or other electronic or print promotional media for the YMCA. This shall extend to any and all phases of the utilization of the production including publicity, promotion, advertising and marketing.

Parent/Guardian Signature (if member is under 18) _____

Primary Member Signature _____

Adult Member Signature _____

Date _____

COMMUNITY SUPPORT CAMPAIGN

I want to help a child, friend, neighbor, or someone in our community enjoy the benefits of the YMCA by contributing to the Annual Campaign. Please add the amount of \$_____ to the fees that I am paying today as a one-time gift, OR add ___\$2 ___\$5 ___\$10 \$___ (specify amount) to my monthly draft.

MEMBERSHIP FEES

MEMBERSHIP PAYMENTS

Joining Fee \$ _____

Prorated Membership Dues \$ _____

Add on _____ \$ _____

Total Due \$ _____

Payment \$ _____

Credit Card Check Cash

MEMBERSHIP TERM

Membership Type _____

6-month invoice

Annual Invoice

Monthly Draft

Monthly Draft 1st 15th

MONTHLY DRAFT OPTION

BANK DRAFT

Bank Name _____

Routing No. _____

Last 4 Digits # _____

CREDIT CARD DRAFT

VS MC DS AMEX

Last 4 Digits # _____ Exp Date _____

Membership Amount: \$ _____

Add on: \$ _____

Total Monthly Draft: \$ _____

CREDIT CARD/BANK DRAFT AUTHORIZATION

_____ I authorize the bank to honor pre-authorized drawn by the YMCA of Southern Nevada for membership payments and/or contributions on or about the 1st or 15th day of each calendar month. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment.

_____ I understand that if the draft is declined, the YMCA of Southern Nevada, at its discretion, may resubmit the amount due for payment on a future date.

_____ A \$25 service charge will be collected for each returned draft and any uncollected drafts will require payment in full to resume active membership.

_____ I understand that this authority remains effective until a 'Membership Cancellation/Hold Form' is completed and received by the YMCA of Southern Nevada at least 7 days prior to the next scheduled draft date.

Print Name _____ Signature _____ Date _____

YMCA Use Only

Receiving Staff Name: _____ Date: _____ Verified By: _____ Date: _____
(PRINT) (PRINT)

Disclaimer: The City of Las Vegas Community Centers at Centennial Hills and Durango Hills, and the City of North Las Vegas SkyView Multi-Generational Center are managed and provided to the citizens of these cities for no other purpose than providing educational and recreational activities. The YMCA does not and will not promote or advertise any religion at these leisure centers.