

Student Leadership Clinics (SLC)

General Rules:

1) You are responsible for attending all SLC events. Transportation is your responsibility. Please be aware of all start and end times for your classes.

2) Be on time and know where your class is meeting. You are not excused from class for any reason. If you are ill, please advise a staff member who will assist with your illness.

3) You must wear your name badge at all times. Students who are not wearing their name badge cannot be identified with the camp will be subject to removal from campus. Remember that you are representing your school, your band program, this camp, and yourself

4) Students must remember to bring sunscreen, water, and a lunch with them. These are essential items and will be reinforced throughout the camp. We will allow plenty of breaks so that students may continue to hydrate and protect themselves from the heat. We will also recommend shorts, t-shirts, hats and sunglasses. **JEANS are not recommended** when working outside. Protecting students from the heat is something we take extremely seriously and we ask that parents help enforce this attire.

5) Please be prepared for your classes by bringing your handbook and something to write with to each section. Know when to bring your instrument by looking ahead in your handbook!

6) No smoking is allowed on school facilities, including parking lots.

7) Bishop Gorman High School, The Clark County School District, and Student Leadership Clinics (SLC) are not responsible for any personal injury, illness, or personal loss

8) Possession of alcohol or any other controlled substance is strictly prohibited. State laws, as well as, Bishop Gorman High School and Clark County School District ordinances are strictly enforced. SLC reserves the right to contact law enforcement as deemed necessary.

9) Day Campers are required to bring their own lunch each day. Dinner will be provided for all campers.

10) It is the students responsibility to be on time to all camp activities. Tardiness will result in a phone call to the parent or guardian as a safety precaution.

11) **STUDENTS WILL NOT be allowed to leave campus for any reason during the camp day.**

PARTICIPANT: READ AND SIGN - (remember to complete page all pages)

I agree to abide by the rules and regulations for this clinic and understand failure to do may result in my expulsion from the clinic without refund of fees.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

2 Signatures on this page

Overnight/Out of State Campers Additional Rules

- 1) Campers will be staying at the Palace Station Hotel and Casino beginning Sunday afternoon/night, June 18th, 2017 and checking out on Saturday morning, June 25th, 2016. Campers will be paired with other students, and possibly with other schools. Rooms will be separated by gender. **2411 W Sahara Ave, Las Vegas, NV 89102**
- 2) The camp cost of \$465 includes camp tuition, camp supplies, including a t-shirt, handbook, and any necessary tools for classes (with the exception of flags, rifles, maces, or military batons), meals during camp time, & additional snacks in activities.
- 3) Campers will be provided breakfast, lunch, and dinner Monday - Friday. Breakfast will be provided on Saturday morning. Campers will need to provide their own dinner on Sunday night and after dismissal from camp on Saturday.
- 4) Campers will be transported each morning and evening to the facility and hotel by shuttle van. The transportation will leave each day for Bishop Gorman HS around 7:15am and pick-up for the Palace Station hotel around 8:30pm. Our staff will assist with making sure all students are ready to go.
- 5) Out of State/Overnight campers must provide their own transportation to the Palace Station Hotel and Casino on Sunday, June 18th, 2017. Check in will begin at 4:00pm. Transportation from the airport can be provided if prior arrangements and flight information is provided to our camp administration. The deadline for this information is Sunday, June 4th, 2017
- 6) Campers must arrange for their flights or departure from camp on Saturday, June 24th, 2017. **Campers will not be dismissed from camp until 12:30pm.** All flights or departures must be scheduled after this time. Rides to the airport can be provided if prior arrangements and flight information is provided to our camp administration. The deadline for this information is Friday, June 9th, 2017
- 7) Camper rooms will be checked by our staff each evening and wake-up calls will be made each morning. Campers will not be allowed to leave the hotel premise at any time during the camp week and must remain with a staff chaperone at all times while on hotel property.
- 8) The Palace Station Hotel requires that all guests under the age of 21 be accompanied by an adult. As a result of this rule, students will be asked to remain in their rooms in the evening time. The students will only be able to leave their rooms for food or evening activities under the direct supervision of our staff. I agree to abide by the rules and regulations for this clinic and understand failure to do may result in my expulsion from the clinic without refund of fees.
- 9) **I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child.**

Out of State Campers Only

PARTICIPANT: READ AND SIGN - (remember to complete page all pages)

I agree to abide by the rules and regulations for this clinic and understand failure to do may result in my expulsion from the clinic without refund of fees.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

2 Signatures on this page

Overnight/Out of State Campers

I understand that my student will be staying at "Palace Station Hotel and Casino" and will be provided with transportation to and from our camp event. As part of this agreement, I understand that my student will abide by the camp rules, the hotel rules, and all state laws in accordance with minors. I understand that I will be held responsible for any damage and/or charges made to the room by my student or any student who is rooming with my student. I am aware that my student will be under the direct supervision of the Student Leadership Clinics staff and will be accompanied to and from the event with such staff.

Once they have arrived on property, students will not be allowed to leave their room for any reason unless supervised by a staff member at least 21 years of age in direct compliance with "The Palace Station" hotel and casino rules. **Any exception to this rule, including but not limited to, a band director/parent supervised function, must be given permission by the parent in writing provided to Student Leadership Clinics prior to Check In for out of state campers on June 18th, 2017.**

The Palace Station Hotel is an entertainment/casino business governed by the laws of the State of Nevada and licensed by the state of Nevada Gaming Control Commission. As such, each governing entity requires them to notify all arriving groups that it is against the law for any minor under the age of 21 to loiter in, or near, any gaming area. Should any minor be discovered participating in gambling or creating a disturbance, said minor and guardian would be required to leave the property.

Out of State Campers Only

PARTICIPANT: READ AND SIGN - (remember to complete page all pages)

I agree to abide by the rules and regulations for this clinic and understand failure to do may result in my expulsion from the clinic without refund of fees.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

2 Signatures on this page

MEDICAL FORMS ON PAGES 4-6

REQUIRED SIGNATURE ON THIS PAGE
REVIEW ALL PAGES FOR RELEASE INFORMATION

ALL CAMPERS AND PARENTS:

SLC/Host Site Disclaimer

I/we agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend The Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole (The Diocese of Las Vegas), its officers, directors and agents, volunteers, chaperones, and/or representatives, and the Parish/School/Institution from any and all liability arising from or in connection with my child attending the event in connection with any illness or injury or cost of medical treatment in connection herewith, and I/we further agree to compensate the Parish/School/Institution and the Diocese, its officers, directors, agents, volunteers, chaperons, and/or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

Parent Signature: _____

Date: _____

Media Release

There are many opportunities and occasions before, during, and after our camp and clinic to photograph, videotape, and otherwise capture student images and/or opinions. Student Leadership Clinics reserves the right to use such images in publications including, but not limited to, camp media, newspapers, websites, and promotional materials. Student Leadership Clinics may also provide such images to community newspapers, media contacts, etc. Parents must submit to the Camp Administrator, in writing, any objection to the use of their students image for such purposes.

Parent Signature: _____

Date: _____

3 Signatures on this page

MEDICAL FORMS AND WAIVERS

Please complete and sign. This form is due on or before the camp registration period on June 19th, 2017. Students will not be allowed to participate without the appropriate medical forms and waivers.

Emergency Medical Treatment:

In the event of an emergency, I/we hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I/We wish to be advised prior to any further treatment by the hospital or doctor. I have provided, as part of this registration, any emergency contact information, including but not limited to, my emergency contacts, family doctor, and family health plan carrier to SLC.

If my child is taking medication at the present time, my child will bring all such medications necessary and they will be well labeled. I will provide the names of such medications and concise directions for seeing that the child takes such medications, including dosage and frequency to SLC in writing prior to the start of camp and release any liability for the administration of such medications from SLC, Bishop Gorman HS, or the Clark County School district, or any members of such organization.

I understand that SLC cannot provide any medication of any type to a student without written permission from the parent or guardian.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. (OF THE FOLLOWING STATEMENTS PERTAINING TO MEDICAL MATTERS, SIGN ONLY THOSE THAT ARE APPLICABLE).

Emergency Medical Treatment: In the event of an emergency, I/we hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I/We wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us, contact:

Name and Relationship _____ Phone: _____
Name and Relationship _____ Phone: _____

Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows: _____

REQUIRED SIGNATURE ON THIS PAGE
REVIEW ALL PAGES FOR RELEASE INFORMATION

Parent Signature: _____

Date: _____

1 Signature on this page

Choose Only One Option: Signature Required

• NO Medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required:

Parent Signature: _____ Date: _____

OR

• I/We hereby grant permission for non-prescription medication (such as acetaminophen, throat lozenges, cough syrup) to be given to my child I deemed appropriate.

Parent Signature: _____ Date: _____

1 Signature Required on this page

Specific Medical Information: SLC will take reasonable care to see that the following information will be held in confidence. Allergic Reaction (medication, foods, plants, insects, etc...) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have medically prescribed diet? _____

Are there any physical limitations? _____

Is your child subject to chronic homesickness, emotional reactions to new situations or fainting?

You should be aware of these special medical conditions of my child:

I have read and agree to all terms and conditionsI acknowledge that all the information in this document is current and correct....

Parent Signature: _____ Date: _____

Parent Emergency Info:

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

REQUIRED SIGNATURE ON THIS PAGE
REVIEW ALL PAGES FOR RELEASE INFORMATION

2 Signature Required on this page

Students MUST submit these forms to Student Leadership Clinics on the first check-in day with all signatures present. We cannot allow participation if we do not have the required signatures.

If you would like to submit these forms earlier by email, please send to LasVegasSLC@gmail.com

and put your student's name in the subject line.