



You are invited to participate in our 2020 Leaders in Training/Junior Counselor Program. This program is designed to build the skills necessary to become a future leader and counselor at Camp Independent Firefly this year or in the coming years. We are inviting interested teenagers that are at least 16 years of age to attend.

Attached is the application for the 2020 Leaders in Training/Junior Counselor program scheduled for March 21st, 2020 from 9am-7pm at The Nevada Chapter Office on 222 S. Rainbow Blvd., Suite 203, Las Vegas, NV 89145.

Please fill out the application completely and **email** the completed application to Betsy at NHF Nevada, bvandeusen@hemophilia.org or Kelli at Candlelighters, kperlongo@candlelightersnv.org office no later than **Friday February 21, 2020**. If you cannot email the form back, please fax to 702.446.8134.

Note: To participate as a Junior Counselor at Camp Independent Firefly this summer, participants must be at least 17 years old, have submitted an online volunteer application and attend the March 21st training. **Unfortunately, there are limited Jr. Counselor spots at camp, attending this training does not guarantee a Jr. Counselor position at camp.**

We look forward to seeing you! Questions? Call NHF Nevada at 702.564.4368 or Candlelighters at 702.737.1919.

LIT/JC Participant Registration Form (please print)

Name of LIT/JC _____ Gender (circle) M F

Type of ID to be used at airport (Reno Participants only) _____

Please Check One: Patient _____ Sibling
(Diagnosis)

Age (on 3/2/2019) _____ Date of Birth: _____

Last Grade Finished in school: _____ LIT/JC Cell Phone: _____

LIT/JC email _____

Address _____
Street City State Zip

Do you have any dietary restrictions at training? _____

Mother/Guardian(s) Name _____

Home phone _____ Work phone _____ Cell phone _____

Email address: _____

Father/Guardian(s) Name _____

Home phone _____ Work phone _____ Cell phone _____

Email address: _____

EMERGENCY CONTACT: If parents cannot be reached, whom should we contact?

Emergency Contact _____

Home phone _____ Work phone _____ Cell phone _____

Relationship to LIT/JC _____

2nd Emergency Contact _____

Home phone _____ Work phone _____ Cell phone _____

Relationship to LIT/JC _____

CONSENT FOR MEDICAL TREATMENT

LIT/JC Name _____
(Please Print)

To Whom It May Concern:

In the event that I can not be present or reached by phone, I hereby authorize the Executive Director for the Nevada Chapter of the National Hemophilia Foundation or Candlelighters Childhood Cancer Foundation of Nevada, or his/her agent, to execute any and all documents including any necessary releases on my behalf that might be required by any medical facility to perform required emergency care on the basis of any accident or illness sustained or incurred by my minor child while attending the Leaders in Training/Jr. Counselor Program (LIT/JC).

I further agree that I, acting on behalf of myself or my minor child, do expressly and forever waive and release The Nevada Chapter of the National Hemophilia Foundation and Candlelighters Childhood Cancer Foundation of Nevada and all their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation at the LIT/JC Training.

Signature of parent or guardian _____

Printed name _____

Relationship to LIT _____

CHILD'S INSURANCE INFORMATION

If you have health and accident insurance coverage, list below.

Check here if your child does not have insurance: _____

Name of Insurance Company _____

Address: _____

Phone () _____ Policy Number _____

Certificate Number _____ Medicaid Number _____

Please attach a current legible copy of insurance card and/or Medicaid card.