



2017 FALL BASKETBALL REGISTRATION SEPTEMBER 19 – DECEMBER 17, 2017

REGISTRATIONS MAY BE TURNED IN TO HPNC OR EMAILED TO : kannolino@hpncclub.org - TO PAY BY PHONE CALL 773.643.4062

SELECT AGE GROUP

- | | |
|---|----------------------------------|
| <input type="radio"/> Boys (ages 8-9) | Tuesdays 6:30-8:00 pm |
| <input type="radio"/> Girls (ages 8-13) | Tuesdays 6:30-8:00 pm |
| <input type="radio"/> Coed (ages 5-8) | Tuesdays 6:30-7:30 pm |
| <input type="radio"/> Boys (ages 10-13) | Wednesdays 6:30-8:00 pm |
| <input type="radio"/> HS Boys Open Gym | Fridays 4:30-6:30pm (9/22-12/15) |
| <input type="radio"/> HS Girls Open Gym | Sundays 3:45-4:45pm (10/8-12/17) |
| <input type="radio"/> HS Boys Open Gym | Sundays 5:00-6:00pm (10/8-12/17) |

No class fees. **Please see attached form for *suggested* tax-deductible donation.**

Yes, I will support the program with a donation of \$_____.

Participant Information:

Name	Birth Date (mm/dd/yyyy)	School/Grade
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Guardian Information:

Legal Guardian 1	Relationship	E-mail Address
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Address	City/State/Zip
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Employer Name	Cell Phone	Work Phone
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Legal Guardian 2	Relationship	E-mail Address
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Address	City/State/Zip
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Employer Name	Cell Phone	Work Phone
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Individuals authorized to pick up my child from the Hyde Park Neighborhood Club (other than those listed above)

Name	Relationship
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Name	Relationship
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Emergency Contact:

Name	Relationship
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Phone	Alternative Number
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CHILD MEDICAL INFORMATION

Allergies, Special Medical Conditions, or Medical Information for Emergency Situations

Current Medications

Parent/Guardian Consent and Agreement for Emergencies:

As a parent/legal guardian, I give consent for my child to receive first aid by HPNC staff and, if necessary, transported to receive emergency care. I give consent for the HPNC staff to act for me in the event that my child needs emergency medical care. I understand I will be responsible for all medical emergency charges.

Parent(s)/Guardian(s) Signature

Date

WAIVERS

I hereby give permission for my child to: *(please initial next to each item):*

- _____ participate in HPNC Basketball Class(es).
- _____ participate in the indoor and outdoor activities of HPNC Basketball, including those held in the HPNC Gym, local parks, and while on field trips.
- _____ to be photographed and/or videotaped and for these images to be used on HPNC's print materials, website and social media sites (i.e. Facebook, Twitter, Flickr, Google+, etc).
- _____ leave the premises of HPNC, unsupervised, to walk home at the end of the day (5th grade and above only).

Parent(s)/Guardian(s) Signature

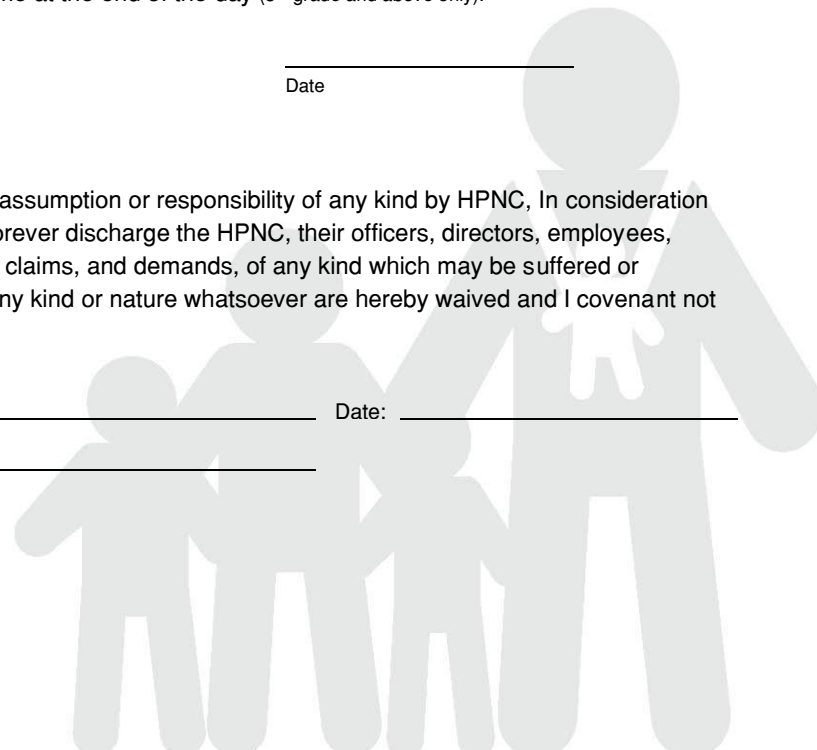
Date

I agree that participation in HPNC's Basketball Class is without assumption or responsibility of any kind by HPNC, In consideration of the acceptance of this registration, I do hereby release and forever discharge the HPNC, their officers, directors, employees, agents, and assigns, of and from any and all injuries, damages, claims, and demands, of any kind which may be suffered or sustained in connection with the above activities. All claims of any kind or nature whatsoever are hereby waived and I covenant not to sue.

Parent/Guardian Name (Print):

Date:

Parent/Guardian Signature:



Client Intake Form

AGENCY NAME: _____

PROJECT NAME: _____

TYPE OF PROGRAM:

- (check one)
- Behavioral Health Services
 - Intensive Youth Services
 - Mentoring
 - Out-of-School

ADDRESS: _____

Participant Last Name First Name MI Number Direction Street Name Apt. No.

TELEPHONE NUMBER: (____) _____

Chicago, IL 606 _____ Homeless Youth

ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		GENDER: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		AGE:	BIRTHDATE:
RACE: (check one)			CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: _____		
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial		SCHOOL:	
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify					

HEAD OF HOUSEHOLD INFORMATION			
FAMILY TYPE: (check one)	HOUSING STATUS: (check one)	FOOD STAMPS: (check one)	
		FREE/REDUCED LUNCH: (check one)	
		HEALTH INSURANCE: (check one)	
<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Independent Youth <input type="checkbox"/> Relative <input type="checkbox"/> Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (Including SSDI, Child Support and VA Benefits) <input type="checkbox"/> SSI		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SOURCE OF REFERRAL (Location that sent you)		CHA Client ID#:	

Signature of Applicant Date

Intake Worker's Signature Date

PARENT OR GUARDIAN'S STATEMENT: I certify that the above information is accurate and I give my permission for the above named to participate in this program.

Signature* of Parent or Guardian Date

*Required for all participants 17 years of age or younger. Please refer to Income table to determine income level

LEVEL OF FAMILY INCOME:*

CURRENT FAMILY SIZE	CURRENT FAMILY INCOME

In the left column, **FAMILY SIZE**, determine the number of persons in your family and circle that number. To the right of that number, find the dollar amount of your family's **TOTAL** monthly income and again, circle that number.

FAMILY SIZE	EXTREMELY LOW INCOME 100% (MONTHLY)	LOW INCOME 133% (MONTHLY)	MODERATELY LOW INCOME 150% (MONTHLY)	MODERATE INCOME 200% (MONTHLY)	OTHER
1	0 - \$958	\$959 - \$1,274	\$1,275 - \$1,436	\$1,437-\$1,915	\$1,915+
2	0-\$1,293	\$1,294-\$1,719	\$1,720-\$1,939	\$1,940-\$2,585	\$2,586+
3	0-\$1,628	\$1,629- \$2,165	\$2,166- \$2, 441	\$2,442-\$3,255	\$3,256+
4	0-\$ 1,963	\$1,964-\$2,610	\$2,611-\$2,945	\$2,946-\$3,925	\$3926+
5	0- \$2,298	\$2,299-\$3,056	\$3,057-\$3,446	\$3,447-\$4,595	\$4,596+
6	0-\$ 2,633	\$2,634- \$3,501	\$3,502-\$3,949	\$3,950-\$5,265	\$5,266+
7	0- \$2,968	\$2,969- \$3,947	\$3,948-\$4,451	\$4,452-\$5,935	\$5,936+
8	0- \$3,302	\$3,303-\$4,392	\$4,393-\$4,954	\$4,955-\$6,605	\$6,606+
Each additional person	\$335	\$446	\$503	\$670	



HPNC BASKETBALL PROGRAM - SUGGESTED DONATION GUIDELINES

Follow instructions below to find your family's suggested weekly donation

1. In the left column, **FAMILY SIZE**, determine the number of persons in your family and circle the number.
2. Next, to the right of that number, find the dollar amount of your family's TOTAL monthly income and circle the number.
3. Finally, to find your suggested weekly donation, circle the donation amount at the bottom of the column that best matches your family's income.
4. For example, a family of 4 earning \$4,500/month would correspond to column B and pay a suggestion of \$5/week (\$60/quarter)

FAMILY SIZE	A	B	C	D
1	0 - \$1979	\$1,980 - \$2,475	\$2,476 - \$2,970	\$2,971+
2	0 - \$2,669	\$2,670 - \$3,337	\$3,338 - \$4,005	\$4,006+
3	0 - \$3,359	\$3,360 - \$4,200	\$4,201 - \$5,039	\$5,040+
4	0 - \$4,049	\$4,050 - \$5,062	\$5,063 - \$6,075	\$6,076+
5	0 - \$4,595	\$4,596 - \$5,722	\$5,723 - \$6,871	\$6,872+
6	0 - \$5,429	\$5,430 - \$6,787	\$6,788 - \$8,144	\$8,145+
7	0 - \$6,120	\$6,121 - \$7,752	\$7,753 - \$9,182	\$9,183
8	0 - \$6,814	\$6,815 - \$8,518	\$8,519 - \$10,221	\$10,222
<u>Suggested Weekly Donation</u>	\$0	\$5	\$10	\$15

2017 Basketball Session Dates
Winter Quarter: January 11 - March 31, 2017
Spring Quarter: April 4 - June 16, 2017
Fall Quarter: September 19 - December 15, 2017

Suggested Weekly Donation	Quarterly
Column B: \$5	\$60
Column C: \$10	\$120
Column D: \$15	\$180