



2018 WINTER/SPRING BASKETBALL REGISTRATION

JANUARY 23 – APRIL 1, APRIL 3 - JUNE 10

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

SELECT AGE GROUP

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Boys (ages 8-9, 3rd-4th) <input type="radio"/> Girls (ages 8-14, 3rd-8th) <input type="radio"/> Coed (ages 5-8, K-2nd) <input type="radio"/> Boys (ages 10-14, 5th-8th) <input type="radio"/> HS Boys Open Gym <input type="radio"/> Girls Open Gym (7th-12th) <input type="radio"/> Boys Open Gym (7th-12th) | <ul style="list-style-type: none"> • Tuesdays 6:30-8:00 pm • Tuesdays 6:30-8:00 pm • Tuesdays 6:30-7:30 pm • Wednesdays 6:30-8:00 pm • Fridays 4:30-6:30pm • Sundays 3:45-4:45pm • Sundays 5:00-6:00pm |
|--|---|

Please see attached form for *suggested tax-deductible donation chart.*

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

WINTER | SPRING (please circle)

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

Participant Last Name

First Name

MI

ADDRESS:

Number

Direction

Street Name

Apt. No.

- Homeless Youth
- Mentoring
- Out-of-School

TELEPHONE NUMBER: (_____) _____

Chicago, IL 606 _____

ETHNICITY: (check one)

- Hispanic
- Non-Hispanic

GENDER: (check one)

- Male
- Female

AGE:

BIRTHDATE:

RACE: (check one)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- Indian/Alaskan Native & Black/African American
- Other Multi-Racial

CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: _____

SCHOOL:

DISABLED: Yes No If yes, please specify _____

HEAD OF HOUSEHOLD INFORMATION

FAMILY TYPE: (check one)

- Single Parent/Female
- Single Parent/Male
- Two-parent household
- Independent Youth
- Relative
- Guardian

HOUSING STATUS: (check one)

- Rent
- Own
- Homeless/Shelter
- In Temporary Housing

FOOD STAMPS: (check one)

- Yes
- No

FREE/REDUCED LUNCH: (check one)

- Yes
- No

HEALTH INSURANCE: (check one)

- Yes
- No

INCOME SOURCE (check all that apply)

- Employment
- Pension
- TANF
- Earnfare
- Social Security
- Unemployment Insurance
- Other (Including SSDI, Child Support and VA Benefits)
- SSI

SOURCE OF REFERRAL (Location that sent you)

CHA Client ID#:

Signature of Applicant

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.

Intake Worker's Signature

Date

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	\$3,926+
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
Suggested Weekly Donation	\$0	\$5	\$10	\$15

2018 Basketball Session Dates
Winter Quarter: January 23 - March 30, 2018
Spring Quarter: April 3 - June 15, 2018

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