

HYDE PARK NEIGHBORHOOD CLUB 2018 FALL BASKETBALL REGISTRATION

Age Group	Gender	Day	Time	Dates	No Session
<input type="checkbox"/> 9 to 14	Co-ed	Wednesday	6:30 pm – 8:00 pm	Sept. 12 to Dec. 12	Oct. 31, Nov. 21
<input type="checkbox"/> 12 to 18	Girls	Sunday	3:45 pm – 4:45 pm	Sept. 16 to Dec. 9	Nov. 25
<input type="checkbox"/> High School	Co-ed	Friday	5:00 pm – 6:30 pm	Sept. 14 to Dec. 14	Nov. 2, Nov. 23
<input type="checkbox"/> 12 to 18	Boys	Sunday	5:00 pm – 6:00 pm	Sept. 16 to Dec. 9	Nov. 25

I will donate: \$ to help support HPNC youth athletics (suggested donation schedule is attached)

CHILD	Name: _____	Birth: _____ / _____ / _____	Grade: _____
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GUARDIAN	Name: _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
	Employer: _____	E-Mail: _____
	Phone: _____	Work Phone: _____

GUARDIAN	Name: _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
	Employer: _____	E-Mail: _____
	Phone: _____	Work Phone: _____

AUTHORIZED PICKUP	<input type="checkbox"/> Child is authorized to walk home alone	Signature: _____
	Name (if different from above): _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
	Name (if different from above): _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____

MEDICAL INFORMATION	PLEASE IDENTIFY ALL NECESSARY MEDICAL INFORMATION FOR YOUR CHILD
	<input type="checkbox"/> NO ALLERGIES/MEDICAL CONDITIONS
	<input type="checkbox"/> ALLERGIES (please list):
	<input type="checkbox"/> MEDICAL CONDITIONS (please list):
	<input type="checkbox"/> CURRENT MEDICATIONS (please list):

CONSENT AND WAIVER	<p>Waiver</p> <p>I hereby give permission for my child to: <i>(please initial next to each item):</i></p> <p>____ ____ participate in HPNC Basketball class(es).</p> <p>____ ____ participate in the indoor and outdoor activities of HPNC Basketball, including those held in the HPNC Gym, local parks, and while on field trips.</p> <p>____ ____ 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).</p> <p>____ ____ leave the premises of HPNC, unsupervised, to walk home at the end of the day (5th grade and above only).</p>
	<p>Parent/Guardian Consent and Agreement for Emergencies:</p> <p>As a parent/legal guardian, I give consent for my child to receive first aid by Hyde Park Neighborhood Club (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.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>
	<p>Assumption of Risk</p> <p>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.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>

For questions or comments please contact:
 Frank Lin, Athletics Manager
 flin@hpncclub.org

2018 FALL BASKETBALL DONATIONS

Our Story

For 109 years, Hyde Park Neighborhood Club has been in the center of the Hyde Park community, providing after-school care, academic support, and enrichment activities such as basketball for children of all racial, cultural, and socioeconomic backgrounds. This legacy of inclusion is sustained through philanthropic support from our local community and, to the extent possible, families of enrolled participants.



It is important that this resource be consistently renewed. If we do not meet our goals each quarter, we are not able to continue in providing the basketball programming at the same capacity.

Your Contribution

Included in your registration packet is the suggested donation chart. Please use this use as a guide to see how you can make an impactful donation to our basketball program this fall.

As a nonprofit organization, donations to our basketball program are essential in providing maintenance for gym upkeep, athletic equipment, and, most importantly, paying our extraordinary coaches! We are thankful that you recognize this.

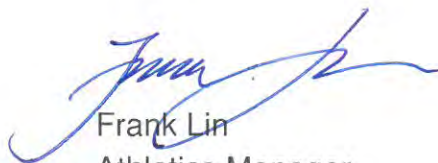
Success Together

With your ongoing quarterly donations, the HPNC basketball program will be able to continue expanding and enriching the lives of all the children who participate.

Thank you for joining in our mission to provide youth from all backgrounds the enrichment opportunities that they deserve!



Sarah Diwan
Executive Director



Frank Lin
Athletics Manager





I wish to support HPNC's basketball program!
(Please turn this slip with your donation in to HPNC's front desk.)

___ \$500+ ___ \$250 ___ \$100 ___ \$50 \$ ___ Other

I wish to sustain HPNC basketball with my reoccurring monthly/ quarterly (please circle) gift of \$ _____

Please make checks payable to: Hyde Park Neighborhood Club

To pay by credit card, enter information below:

Name on Card: _____ Credit Card#: _____

Expiration Date: _____ CCV#: _____ Signature: _____

You can also donate online at: <https://hpnclub.networkforgood.com/>

***Make sure to **Designate Toward: Athletics: Basketball**

Please write updated contact information on the back.



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** annual 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 \$36,000/year would correspond to column B and pay a suggestion of \$5/week (\$60/quarter)

FAMILY SIZE	A	B	C	D	E
2	0 - \$16,460	\$16,461 - \$21,892	\$21,893 - \$24,690	\$24,691 - \$32,920	\$32,921+
3	0 - \$20,780	\$20,781 - \$27,637	\$27,638 - \$31,170	\$31,171 - \$41,560	\$41,561+
4	0 - \$25,100	\$25,101 - \$33,383	\$33,384 - \$37,650	\$37,651 - \$50,200	\$50,201+
5	0 - \$29,420	\$29,421 - \$39,128	\$39,129 - \$44,130	\$44,131 - \$58,840	\$58,841+
6	0 - \$33,740	\$33,741 - \$44,874	\$44,875 - \$50,610	\$50,611 - \$67,480	\$67,481+
7	0 - \$38,060	\$38,061 - \$50,620	\$50,621 - \$57,090	\$57,091 - \$76,120	\$76,121+
8	0 - \$42,380	\$42,381 - \$56,365	\$53,366 - \$63,570	\$63,571 - \$84,760	\$84,761+
<u>Suggested</u> Weekly Donation	\$0	\$0	\$5	\$10	\$15

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

Client Intake Form

AGENCY NAME: _____ **PROJECT NAME:** _____ **TYPE OF PROGRAM:** (check one)
 _____ **ADDRESS:** _____ **Out-of-School**
 _____ **PI**
 _____ **CHA**
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) <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"/> Other Multi racial			CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: _____		
			SCHOOL:		
			DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		
			Community Area:		
			Ward:		

HEAD OF HOUSEHOLD INFORMATION				
FAMILY TYPE: (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	HOUSING STATUS: (check one) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	FOOD STAMPS: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	INCOME SOURCE (check all that apply) <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	
		FREE/REDUCED LUNCH: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
		HEALTH INSURANCE: (check one) <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

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** annual income and again circle that number.

		Annual (pre-tax) Family Income Range				
		Extremely Low	Low Income	Moderately Low	Moderate	Moderate+
Family Size	2	0 - \$16,460	\$16,461 - \$21,892	\$21,893 - \$24,690	\$24,691 - \$32,920	\$32,921+
	3	0 - \$20,780	\$20,781 - \$27,637	\$27,638 - \$31,170	\$31,171 - \$41,560	\$41,560+
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