

HYDE PARK NEIGHBORHOOD CLUB 2019 SPRING BASKETBALL REGISTRATION

Age Group	Gender	Day	Time	Dates
<input type="checkbox"/> 5 to 9	Co-ed	Tuesday	6:30 pm– 7:30 pm	April 9–June 11 (Fee Based – Register online OR \$10 Drop-in)
<input type="checkbox"/> 10 to 14	Co-ed	Wednesday	6:30 pm– 8:00 pm	April 10–June 12 (Donation Based*)
<input type="checkbox"/> High School	Co-ed	Sunday	3:45 pm–6:00 pm	March 31–August 18 (Free)
<input type="checkbox"/> 9 th – 12 th Grade	Boys	Friday	4:30 pm–6:30 pm	March 29 th –August 16 th (Free)

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

<input type="checkbox"/> CHILD	Child's Name: _____	Birthdate: _____ / ____ / ____	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: _____
	Authorized Person 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
	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><input type="checkbox"/> participate in HPNC Basketball class(es).</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> 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: info@hpncclub.org

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