

**FARE**

Food Allergy Research &amp; Education

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**PLACE  
PICTURE  
HERE****NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following foods:** \_\_\_\_\_**THEREFORE:**

- [ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.  
 [ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**

**LUNG**

Short of breath, wheezing, repetitive cough

**HEART**

Pale, blue, faint, weak pulse, dizzy

**THROAT**

Tight, hoarse, trouble breathing/swallowing

**MOUTH**

Significant swelling of the tongue and/or lips

**SKIN**

Many hives over body, widespread redness

**GUT**

Repetitive vomiting, severe diarrhea

**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.



- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS****NOSE**

Itchy/runny nose, sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives, mild itch

**GUT**

Mild nausea/discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

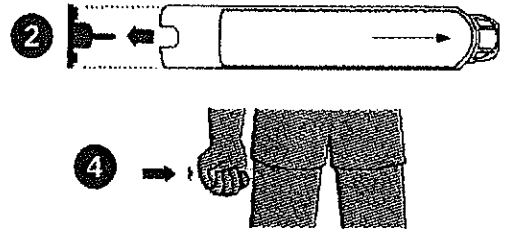
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



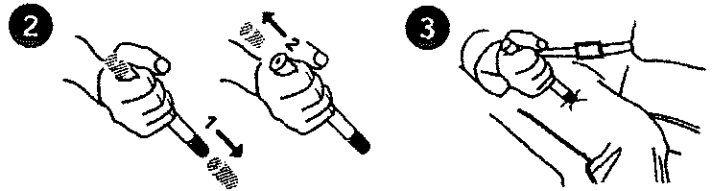
**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



**ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

**EMERGENCY CONTACTS — CALL 911**

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS**

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN AUTHORIZATION SIGNATURE

\_\_\_\_\_  
DATE

**Waiver / Photo Release  
Archery Club Waiver & Release of Liability**

**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in \_\_\_\_\_ **CHICAGO ARCHERY CLUB** \_\_\_\_\_  
Local Name of Your Archery Club

events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from archery and other known and unknown events and activities and/or the use of the related buildings, structures, equipment, automobiles, firearms, weapons, ATV's, boats, tree stands, roads, bodies of water, land and all other real and personal property whether owned by archery club or others is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I acknowledge and agree that the use of archery equipment, firearms and other weapons by myself or others on club premises or otherwise are inherent dangerous and high risk activities whether such archery equipment, firearms or weapons are discharged by myself or others; and
- 3) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 4) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 5) I, for myself and on the behalf of my heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD \_\_\_\_\_ **CHICAGO ARCHERY CLUB** \_\_\_\_\_ its officers, directors, officials, agents, employees, Local Name of Your Archery Club volunteers, members, guest, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of real property and personal property used to conduct the events and activities ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
- 6) The undersigned grants the archery club, the Chicago Park District, their affiliates and advertisers permission to use my likeness (and by acting as the parent/guardian for) and the participant's likeness, in photographs, video recordings or electronic images in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the organization and will not be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I hereby hold harmless and release and forever discharge the organization from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name \_\_\_\_\_ Participant's Phone Number: \_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact's Phone Number: \_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**FOR PARTICIPANTS OR MINORITY AGR  
(UNDER AGE IS AT THE TIME OF PARTICIPATION)**

This is to certify that, I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's/children's involvement or participation in these events and activities and/or the use of related real and personal property above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Name of Participant's Parent/Guardian Name \_\_\_\_\_ Parent's/Guardian's Phone Number: \_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardians Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact's Phone Number: \_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

The University of Chicago  
Department of Athletics & Recreation  
5530 S. Ellis Avenue  
Chicago, IL 60637

Brian Bock  
Associate Director of Athletics  
773-702-4658  
[bockb@uchicago.edu](mailto:bockb@uchicago.edu)

May 13, 2019

Kyle Losey  
Out of School Time Programs Manager  
Hyde Park Neighborhood Club  
5480 South Kenwood Avenue  
Chicago, IL 60615

RE: Contractual Agreement for the Use of the University of Chicago's Ratner Athletics Center Myers-McLoraine Pool and Other Specified Areas

Dear Mr. Losey:

The following is a contractual agreement for the use of the University of Chicago's Myers-McLoraine Pool in the Ratner Athletics Center, located at 5530 South Ellis Avenue, Chicago, Illinois 60637, as outlined by Hyde Park Neighborhood Club.

**FACILITY USE AND SCHEDULE:**

The University of Chicago (the "University") will permit Hyde Park Neighborhood Club ("HPNC") the use of the following areas as follows:

Myers-McLoraine Pool:

- June 24 – August 22, 2019 (no class on Thursday, July 4, 2019)
- Mondays, Tuesdays & Thursdays
- 12:00 pm to 1:00 pm
- Three-lane shallow portion of the pool

The University asks that any cancellation of use of the Facility be conveyed immediately to Associate Director of Athletics, Brian Bock.

The University reserves the right to cancel or change the schedule outlined above to accommodate University-related activities. If the Myers-McLoraine Pool or any other reserved spaces are unavailable during any part of the agreed upon times, the University will notify HPNC in a timely manner, and will attempt to provide a substitute date or time for HPNC to use the Facility, if possible.

**FACILITY ACCESS:**

HPNC's use of the Facility is limited to the designated dates and hours specified in this agreement. Participants and spectators cannot access the Facility before the designated time and must vacate the Facility promptly at the designated time.

HPNC's use of the Facility is limited to the designated dates and hours specified in this agreement. Participants and spectators cannot access the Facility before the designated time and must vacate the Facility promptly at the designated time.

Participants must always be supervised in and around the Facility. Participants are granted access to the Myers-McLoraine Swimming Pool and the Men's and Women's Swing Locker Rooms only. Participants are not to be in any other area of the Ratner Athletics Center. HPNC is required to provide participants, coaches and supervisors some type of identifiable marking (i.e. wristband, nametag, hand stamp, etc.) that allows them access to the locker rooms.

Spectators are not permitted in any area of the Facility other than the Spectator Balcony and the Public Restrooms located on the 1st floor near the front desk and 2<sup>nd</sup> floor near the Cardio Rotunda.

#### **RENTAL FEES AND EXPENSES:**

The rental fee for HPNC's use of the Myers-McLoraine Swimming Pool is waived.

The following personnel charges, however, are anticipated:

- Lifeguard = \$12.00/hour per lifeguard

In addition, any actual costs incurred by the University resulting from HPNC's use of the Facility (i.e. custodial, maintenance, labor for set-up and take-down, supervision, security, etc.) will be charged directly to HPNC. These charges may include:

- Labor for set-up, take-down and pool cleaning = \$19.11-\$28.67 per hour per Athletic Aide
- Custodians = \$47.07 per hour per custodian

Payment is expected no later than Monday, September 30, 2019. A 5% penalty will be assessed for each week that the payment is late.

#### **ADMINISTRATIVE CONTACTS:**

The University understands that HPNC's administrative contact is Kyle Losey, Out of School Time Programs Manager. All administrative issues and correspondence will be directed to this contact, and the University expects to work directly with this contact on all administrative concerns.

- Phone: 773-643-4062
- Email: klosey@hpnclub.org

The University's contacts for HPNC are Jason Weber, Director of Aquatics, for issues involving scheduling and pool use and Brian Bock, Associate Director of Athletics, for issues involving the contract, insurance and billing.

- Jason Weber
- Phone: 773-702-4657
  - Email: jrweber@uchicago.edu

- Brian Bock
- Phone: 773-702-4658
  - Email: bockb@uchicago.edu

#### **SUPERVISOR EXPECTATIONS:**

One officially designated HPNC supervisor must always be present that HPNC participants are in the Facility. In addition, there must be one adult supervisor for every 10 participants present in the Facility. The University reserves the right to require additional supervisors if the Associate Director of Athletics or Director of Aquatics determines they are necessary.

The schedule of supervisors must be provided to the Director of Aquatics by noon on Friday, June 21, 2019.

The supervisors must monitor the conduct and behavior of all participants and spectators while in and around the

The schedule of supervisors must be provided to the Director of Aquatics by noon on Friday, June 21, 2019.

The supervisors must monitor the conduct and behavior of all participants and spectators while in and around the Facility.

### **PARTICIPANT EXPECTATIONS:**

HPNC is required to provide a list of participants (students, instructors, administrators, etc.) to the Director of Aquatics by noon on Friday, June 21, 2019. There cannot be more than 35 participants at a time in the pool or on the pool deck.

Participants will be required to complete one of the following documents that the University will provide to participate:

- an Acceptance of Risk waiver if 18 years of age or older, or
- a Parental Permission waiver if under the age of 18

The list of participants will be checked against the waivers to ensure that all participants have a waiver on-file. All participants must have a signed waiver on-file before they can participate in the activity. No exceptions will be made.

All Acceptance of Risk Forms and Parental Permission Forms must be provided to the Director of Aquatics by noon on Friday, June 21, 2019.

Appropriate behavior is expected of all participants while in the Facility.

### **FACILITY RULES AND REGULATIONS:**

HPNC agrees to abide by all rules and regulations governing the use of the Ratner Athletics Center including the Myers-McLoraine Pool and Men's and Women's Swing Locker Rooms. This includes, but is not limited to adherence to the policies, rules, and regulations set forth in Exhibit A hereto as well as the fire codes of the building and the activity spaces (collectively "Rules and Regulations"). Rules and Regulations are available at [www.uchicago.edu](http://www.uchicago.edu) or are posted throughout the Facility. All such Rules and Regulations are hereby incorporated by reference into this agreement. .

HPNC will not exceed the maximum limit of 35 participants at any time.

Failure to comply with the University's rules and regulations will result in removal of participants and spectators from the Facility, and HPNC's contract potentially being voided. Rules and regulations are posted throughout the Facility and the pool rules and policies are attached to this agreement.

HPNC agrees to inspect the Myers-McLoraine Pool and Men's and Women's Swing Locker Rooms before use of the Facility and report any maintenance issues immediately to the Director of Aquatics and/or the Athletic Facilities Manager on-duty. HPNC agrees to report any type of dangerous condition that exists in these areas, and not use the area in question. The Athletic Facilities Manager may be reached by contacting the front desk just inside the entrance to the Ratner Athletics Center.

### **FACILITY SET-UP:**

Any Facility set-up requests must be made to the Director of Aquatics by noon on Monday, June 3, 2019.

### **COMMERCIAL ACTIVITY:**

Any commercial activities (sponsor advertising, marketing, banners, filming, etc.) must be approved by the Associate Director of Athletics prior to the event.

### **CONCESSIONS AND MERCHANDISE SALES:**

The sale of merchandise, food and beverages by HPNC will not be permitted unless prior approval is granted by the Associate Director of Athletics.

The sale of merchandise, food and beverages by HPNC will not be permitted unless prior approval is granted by the Associate Director of Athletics.

If concessions are eventually permitted (with University approval), all food must be pre-packaged and HPNC must ensure that the food is not taken into the pool area (including on the pool deck). All food and drink is restricted to the pool balcony and/or Ratner front lobby.

If merchandise sales and giveaways are permitted, the University of Chicago name or logo cannot be utilized without prior permission by the Associate Director of Athletics.

#### **PERSONAL BELONGINGS:**

HPNC understands that the University is not responsible for the loss or damage of any personal property brought into the Ratner Athletics Center. The University strongly recommends that valuables not be brought into the Facility.

#### **LIABILITY AND INSURANCE:**

HPNC will assume the liability for any losses, damages, expenses, demands, and claims in connection with or arising out of any injury sustained or alleged to have been sustained by HPNC's participants and spectators during the course of the use of the Facility. HPNC undertakes and agrees to indemnify and hold harmless the University from such losses, expenses, damages, demands, and claims brought by HPNC's participants and spectators, and shall defend such suit or action brought against them based on any such alleged injury (including death) or damage to and shall pay all damages and claims resulting therefrom. The foregoing indemnification shall not apply to any loss, damage, expense, demand, claim or cause of action arising out of, or caused by the negligence or willful misconduct of the University.

HPNC shall maintain commercial general liability insurance on an occurrence basis including athletic participant liability, contractual liability and personal injury liability coverage with limits of liability of at least \$5,000,000 each occurrence, \$5,000,000 general aggregate. HPNC shall name as additional insured the University under its commercial general liability insurance on a primary, non-contributory basis.

HPNC shall also maintain workers' compensation insurance as required by applicable law.

HPNC shall provide to the University a certificate of insurance evidencing its insurance or, at the request of the University, a certified copy of the insurance policy by Friday, June 7, 2019. No policy shall be cancelled without 30 days prior notice to the University and such provision must be shown on the certificate of insurance. The HPNC may maintain excess or umbrella insurance to achieve the required commercial general liability insurance limits provided that the excess or umbrella policies meet the other requirements of this contract.

Each HPNC participant must submit an Acceptance of Risk Form if 18 years of age or older, or a Parental Permission waiver if under the age of 18; these waivers must be on-file with the Associate Director of Athletics no later than noon on Friday, June 21, 2019 in order for an individual to participate in the activity. These forms are included.

If this contractual agreement correctly reflects your understanding, please sign the enclosed copy and return to Brian Bock, Associate Director of Athletics by Friday, June 7, 2019.

Sincerely,

Brian Bock  
Associate Director of Athletics  
The University of Chicago  
Department of Athletics and Recreation  
5530 S. Ellis Avenue  
Chicago, IL 60637  
773-702-4658

**AGREED AND ACCEPTED**

On \_\_\_\_\_, 2019

Hyde Park Neighborhood Club

By: \_\_\_\_\_

Its: \_\_\_\_\_

**EXHIBIT A**

**University Rules and Regulations**  
(Policies are available at [www.uchicago.edu](http://www.uchicago.edu))

1. Policy on Firearms and Other Lethal Weapons
2. Policy on Political Campaign Activities
3. University Smoking/No Smoking Policy
4. University Alcohol Policy
5. Standards of Conduct at the University of Chicago
6. Policy on the Safety of Children in University Programs
7. Tax Exempt Bond Compliance Policy

**UNIVERSITY OF CHICAGO  
RATNER ATHLETICS CENTER MYERS-MCLORAINE POOL  
RULES AND POLICIES**

**POOL ENTRY RULES:**

1. A lifeguard must be on deck before anyone enters the pool.
2. A cleansing shower is encouraged before entering the pool (820.360.d [IL Code of Public Health]).
3. No street shoes allowed on deck.



3. No street shoes allowed on deck.
4. Users must wear a clean bathing suit to enter the pool (no cut-offs, gym shorts, etc.).
5. Children 14 years old or younger must be accompanied by an adult; children 5 years old or younger must be accompanied by a parent or guardian in the water. Lifeguards have the authority to require a parent or guardian to be in the water with a child over 5 years old who they judge to be a weak swimmer.
6. Children in diapers are not allowed in the pool unless they wear rubber pants or swim diapers.
7. Food and drink and gum are prohibited in the pool area (except plastic water bottles).
8. Drugs, tobacco and alcohol are prohibited.
9. Individuals under the influence of alcohol or drugs are not permitted in the pool area.

**GENERAL POOL RULES:**

1. No running, pushing, horseplay or other high-risk behavior in the pool area.
2. The use of inflatable flotation devices for children is prohibited (i.e. water wings). Only approved lifesaving vests are allowed.
3. Kickboards, pull buoys, and aqua-jogging belts should not be used as flotation devices.
4. No animals, bicycles, rollerblades, skateboards, etc. are allowed in the pool area.
5. No diving or jumping from or into the 4 feet shallow section. Diving from the side of the pool is allowed only in areas of 5 feet or deeper water.
6. No swimming under the bulkhead or walking across the top of the bulkhead (except for individuals designated by the Aquatics Director).
7. All University of Chicago staff, including lifeguards, have the authority and responsibility to enforce the rules of the Myers-McLorraine Pool. Any user who elects to ignore staff requests regarding pool regulations will be subject to expulsion from the Facility.
8. The fire code capacity for the Myers-McLorraine Pool is 957; the maximum bather load is 519. These numbers cannot be exceeded.

**RENTAL DEADLINE TIMELINE**

Please provide the following documents or payments by the dates listed below:

Monday, June 3, 2019	Facility set-up requests
Friday, June 7, 2019	Signed Contract
Friday, June 7, 2019	Certificate of Insurance
Friday, June 21, 2019	List of Approved Personnel
Friday, June 21, 2019	List of Participants
Monday, September 30,	Payment of Fees



**THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF PHYSICAL EDUCATION AND ATHLETICS  
PARENTAL PERMISSION WAIVER AND RELEASE FORM**

I certify that I am a parent or the legal guardian for

\_\_\_\_\_ (“child/ward”) and that s/he has my permission to participate in the Hyde Park Neighborhood Club Summer Swim Class (the "Activity") at the University of Chicago’s Gerald Ratner Athletics Center ("University") from June 24, 2019 to August 23, 2019. I understand that s/he will engage in an athletic experience which may involve physical activities that have an inherent risk of injury.

In consideration of my child/ward being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child/ward's participation in the Activity and in any activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, and any students acting as employees ("University"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which my child/ward may have or may hereafter accrue to him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by him/her or by any property belonging to him/her, except if caused by the sole negligence of the University, while s/he is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I have signed this Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to injuries or drowning arising from athletic activity, and which could include serious or even mortal injuries and property damage. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the University does not require my child/ward to participate in this Activity, but I want him/her, to do so, despite the possible dangers and risks and despite this Release.

I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Participant



**THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF PHYSICAL EDUCATION AND ATHLETICS  
ACCEPTANCE OF RISK WAIVER**

As a participant in the Hyde Park Neighborhood Club Summer Camp swimming lessons (the "Event/Activity") taking place at The University of Chicago's Ratner Athletics Center from June 24, 2019 to August 22, 2019, I recognize and acknowledge that there are certain risks of physical injury including, but not limited to death which may arise from my participation. I have no physical condition which would present a risk of injury to me through my participation in the event/activity. Notwithstanding any instruction or consultation by The University of Chicago, I agree to assume responsibility for any such injuries, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with the event/activity except if caused by sole negligence of The University of Chicago.

I hereby release, waive, and discharge the damages and losses arising out of any loss, damage, or injury that may be sustained by me or to any property belonging to me while participating in the event/activity. I acknowledge that The University of Chicago is providing me with an educational and athletic opportunity and I further agree to indemnify and hold The University of Chicago harmless for any occurrence resulting therefrom except if caused by the sole negligence of The University of Chicago.

It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs, and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I further agree that participation in any activity will be at my own discretion and judgment. I will abide by all applicable safety rules. I also understand that The University of Chicago does not provide health, accident, or liability insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in any activities should I become uninsured. I am 18 years of age or older.

I have read and fully understand the above Acceptance of Risk and I voluntarily sign this Agreement.

---

Participant Signature

---

Printed Name of Participant

---

Date

## HPNC SUMMER CAMP 2019



### Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Youth                      Adult  
S    M    L S    M    L

Rising Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Drop-Off Time:** 8:00am – 9:00am

**Pick-Up Time:** 3:00pm day campers/6:00pm campers in aftercare  
(late fees apply for tardy pickups)

### **Additional Camp Fees:**

\$25 registration fee  
Drop-in aftercare - \$15/day  
Waterpark field trip - \$10/child (one time only)  
Deposit - \$295/child

Illinois Action for Children **approved families only:**  
Deposit – One-month co-pay (**due by May 10th, 2019**)  
Supplemental fee - \$50 (paid in addition to co-pay)

**Lunch:** Please provide a nut-free lunch. Clearly mark it with your child(ren) name(s). No glass bottles/containers, please.

### **Payment Options** (Please initial next to option)

\_\_\_\_\_ I will **pay in full** on or before **June 17, 2019**.

\_\_\_\_\_ I will submit my credit/debit card information to be directly debited each Monday prior to the week of enrollment. If you do not wish to be directly debited you must submit payment prior to the date tuition is due.

\_\_\_\_\_ Illinois Action for Children. My co-payment amount is \$\_\_\_\_\_/mo. I will submit my credit/debit card information to be directly debited the 1<sup>st</sup> of each month.

### **Payment Requirements** (please initial next to each item)

\_\_\_\_\_ I will provide written notice to HPNC one week in advance if I decide to terminate my child's enrollment from the Summer Camp Program. I have reviewed the **Refund Policy**.

\_\_\_\_\_ There will be a \$30 fee added to my balance in the event of NSF checks or NSF direct debits.

\_\_\_\_\_ There will be a \$25 late fee added to my balance in the event I do not make my tuition payment by the due date

**Tuition may be paid in cash, by money order, check, or Visa, MasterCard, Discover and Amex credit/debit cards. Make checks payable to HPNC.**

**Refund policy:** Summer Camp tuition refunds are available if parents/guardians provide **written e-mail notice** of withdrawal at least one week in advance of the desired withdrawal date. If written notice is received less than one full week in advance of the desired withdrawal date, one full week tuition will be forfeited. Non-attendance does not constitute an official withdrawal and will not result in cancellation or refund of tuition or fees. Summer Camp deposits and any registration or supplemental fees are non-refundable regardless of circumstances. **Sorry, no make-ups or refunds for any days missed.**

**Name of Parent/Guardian (please print):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

### **Health & Medical Information**

HPNC requires parents/guardians to notify us if your child contracts a highly contagious illness. We will notify other parents of the illness, but will maintain the anonymity and confidentiality of your child. If a child becomes ill at HPNC, we will notify parents immediately. If we are not able to reach the primary caregiver, we will call one or more of the emergency contacts. We ask that you make arrangements to pick up your child as soon as possible.

Specify any of your child's health problems (i.e. allergies, medical conditions, emergency situation information):

immediately. If we are not able to reach the primary caregiver, we will call one or more of the emergency contacts. We ask that you make arrangements to pick up your child as soon as possible.

Specify any of your child's health problems (i.e. allergies, medical conditions, emergency situation information):

List any medication your child takes:

Child's primary doctor: \_\_\_\_\_ Primary doctor's phone #:

Child's health insurance provider: \_\_\_\_\_ Subscriber name:

Health Insurance ID#:

**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.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Photo Release**

I hereby give permission to the Hyde Park Neighborhood Club to take photographs and/or videos of my child and for these pictures and/or film to be used by HPNC and for HPNC's print materials, website, and social media sites (i.e. Facebook, Twitter, Flickr, Google+, etc).

**Signature of Parent/Guardian:** \_\_\_\_\_

**Required Documents** *(if currently on file with HPNC please do not re-submit)*


\_\_\_\_\_ I have attached a current copy of my child's DHS Certificate of Child Health Examination

\_\_\_\_\_ I have attached a copy of my child's birth certificate.

\_\_\_\_\_ (Action for Children Families only) I have attached a copy of the DHS letter of approval

**Obligations and Waivers**

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

\_\_\_\_\_ participate in HPNC activities and all activities of the program, including those held in the HPNC gym, local parks, and while on the bus. 

\_\_\_\_\_ travel in the HPNC bus and/or rented buses to and from activities, trips, and other destinations.

I agree that participation in HPNC's Summer Camp 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. For good and valuable consideration, the Participant releases HPNC, their officers, directors, employees, and agents, and assigns permission to license and use all images and sound recordings in any media and for any purpose. The Participant agrees that HPNC has all rights to images and sound recordings for perpetuity. This agreement is irrevocable, worldwide, and perpetual. This Contract shall be construed under the laws of the State of Illinois. If any provision of the Contract is found unenforceable, the remaining provisions shall continue in full force and effect. This Contract may only be modified in writing with approval of an authorized representative of HPNC. Otherwise, this Contract shall serve as the full understanding of parties.

**Name of Parent/Guardian (please print):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

## **Guidance & Discipline Policy**

### **Philosophy**

We believe in guidance and discipline, rather than punishment. Guidance and discipline are positive ways to help a child develop self-control and confidence in handling their needs in a socially acceptable way. This is an on-going process, not a single act. We are here to teach each child skills to manage their own behavior.

### **Guidance & Discipline Techniques Used HPNC Staff**

- Offer a stimulating, organized, well equipped, and well-designed classroom to avoid problems.
- Set rules with the children at the beginning of camp, set clear limits and be consistent.
- Redirect children whenever possible; include the children in the problem-solving process.
- Model socially acceptable behavior and manners along with positive reinforcement and acknowledgement of good behavior.
- If a child hurts another child, the teacher will attend to the injured child immediately. The child that did the injuring will stay with the injured child and the staff member looking after the injured child, until the injured child is ready to return to the classroom activities.

If the teachers see a continuing pattern of misbehavior, the following steps will be initiated:

- Phone call from the teacher/counselor informing the parents of the concerning behavior observed.
- Implementation of corrective behavior plan.
- Conference with parents, teachers/counselors, and director to discuss goals, implementation of goals, and measuring progress.
- Follow-up meetings (face to face or phone) to discuss progress.

### **Prohibited Guidance and Discipline Techniques**

- Any form of corporal punishment, ridiculing a child or the child's family, blaming, teasing, insulting, name-calling, or threatening the child with punishment.
- Withholding food, affection, or positive attention.

### **Parent's Role in the Guidance Process**

- Share any relevant information with the teachers to help understand any underlying issues. Be open when the teacher gives notification of a concern or if a continuing pattern of misbehavior is observed.
- Follow through on any recommendations made by the staff.
- Work as a team with the staff so everyone can be consistent in expectations and help the child understand what behavior is acceptable and not acceptable.

### **Discharge**

After attempts have been made to meet the individual needs of the child, any child that has demonstrated an inability to benefit from the type of care offered by the Hyde Park Neighborhood Club or whose needs exceed the capacity of HPNC staff, or whose presence is detrimental to the group or endangers the group, shall be discharged from the program.

I have read and agree to the discipline policy set forth by the Hyde Park Neighborhood Club

Parent Signature      Print Name Date

HPNC Staff Signature Print Name Date



**TUITION PAYMENT AUTHORIZATION FORM**

A valid credit card must be kept on file with HPNC. If you haven't made a payment on your child's tuition your card on file will be charged. If you would like to use a different payment method, please let the enrollment coordinator know at least two business days in advance. There will be an additional \$25.00 added to the balance for payments made after the 5th day of the month.

Child(ren)'s name(s):

**Automatic Credit/Debit Card Charge**

I authorize HPNC to charge my credit card indicated below and to add late or NSF fees to my account in accordance with the HPNC's Financial Policies. This information is kept completely confidential and will only be used when payment is due.

MasterCard VISA

Name as it appears on the card:

Card # \_\_\_\_\_ Expiration date \_\_/\_\_/\_\_

Billing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Security Code: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Please put an "X" next to the Camp Weeks and Aftercare you would like to register your child:**  
(*\$295 deposit applied in week 9 or last week of child's attendance and after care is an additional \$15 per day/ \$60 per week*)

- Camp Week 1: June 24<sup>th</sup>- June 28<sup>th</sup> -(\$295) \_\_\_\_\_ After care for week 1 (\$60) \_\_\_\_\_
- Camp Week 2: July 1<sup>st</sup>- July 5<sup>th</sup> -(\$245) \_\_\_\_\_ After care for week 2 (\$50) \_\_\_\_\_  
(Closed July 4<sup>th</sup>)
- Camp Week 3: July 8<sup>th</sup>- July 12<sup>th</sup>- (\$295) \_\_\_\_\_ After care for week 3 (\$60) \_\_\_\_\_
- Camp Week 4: July 15<sup>th</sup>- July 19<sup>th</sup>- (\$295) \_\_\_\_\_ After care for week 4 (\$60) \_\_\_\_\_
- Camp Week 5: July 22<sup>nd</sup>- July 26<sup>th</sup>-(\$295) \_\_\_\_\_ After care for week 5 (\$60) \_\_\_\_\_
- Camp Week 6: July 29<sup>th</sup>- August 2<sup>nd</sup>-(\$295) \_\_\_\_\_ After care for week 6 (\$60) \_\_\_\_\_
- Camp Week 7: August 5<sup>th</sup>- August 9<sup>th</sup>-(\$295) \_\_\_\_\_ After care for week 7 (\$60) \_\_\_\_\_
- Camp Week 8: August 12<sup>th</sup>- 16<sup>th</sup> (\$295) \_\_\_\_\_ After care for week 8? (\$60) \_\_\_\_\_
- Camp Week 9: August 19<sup>th</sup>- August 23<sup>rd</sup> \_\_\_\_\_ After care for week 9 (\$60) \_\_\_\_\_

## Parent Demographic Survey

Every year the Hyde Park Neighborhood Club pursues a variety of funding sources (including government grants) to maintain financial sustainability. Many grant applications ask for detailed reports on the demographic make-up of our population. For that reason, we are attaching a questionnaire asking for detailed information about your family's social and financial circumstances. Many of the questions may seem awkward or strangely laid out but please bear with us as they are worded in a manner that corresponds to US Census reports.

**Confidentiality:** Your answers to the attached Demographic Survey will be held strictly confidential. You will not be asked to include your name on the forms and the completed survey will be stored separately from your identified registration materials.

If you have any questions or concerns please feel free to contact Chlyla Wilson at 773-643-4062 or [cwilson@hpclub.org](mailto:cwilson@hpclub.org).

1. Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

2. How many people currently live in your household? \_\_\_\_\_

3. Please check the category that best describes your household income in the past 12 months: (When answering this question please include all sources of income including: wages, salary, self-employment income, rental & investment income, SSI, retirement or disability pensions, interest, dividends, child support, alimony, and any public assistance or welfare payments you may have received).

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$ 25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

4. Please check the category that best describes your primary source of household income:

- Permanent job /independent business owner(s)
- Temporary job(s)
- Retirement, disability pension, SSI
- Public aid, TANF, or other government-sponsored income
- Child support
- Other: \_\_\_\_\_

5. What is your *highest* level of education?

- Less than high school graduate
- High school graduate
- Some college or associates degree
- Bachelor's degree
- Graduate or professional degree

6. (If applicable) What is the *highest* level of education of your child's other parent/guardian?

- Less than high school graduate
- High school graduate
- Some college or associates degree
- Bachelor's degree
- Graduate or professional degree

7. What is your ethnicity / race? (Please check all that apply)

- Hispanic / Latino Origin
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian & other Pacific Islander
- Other: \_\_\_\_\_

8. (If applicable) What is the ethnicity / race of your child's *other parent/ guardian*? (Please check all that apply)

- Hispanic / Latino Origin
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian & other Pacific Islander
- Other: \_\_\_\_\_



**Child Information:**

9. Please complete for each child enrolling in HPNC's Out of School Time Programs:

**Child One:**

Child's current age? \_\_\_ grade? \_\_\_

Child's race/ethnicity? (Please check all that apply)

- Hispanic / Latino origin
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian & other Pacific Islander
- Other: \_\_\_\_\_

Who does this child live with? (check all that apply):

- Mother
- Father
- Foster Parent
- Grandparent(s)
- Aunts/Uncles
- Cousins
- Other: \_\_\_\_\_

**Child Three:**

Child's current age? \_\_\_ grade? \_\_\_

Child's race/ethnicity? (Check all that apply)

- Hispanic / Latino origin
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian & other Pacific Islander
- Other: \_\_\_\_\_

Who does this child live with? (Please check all that apply):

- Mother
- Father
- Foster Parent
- Grandparent(s)
- Aunts/Uncles
- Cousins
- Other: \_\_\_\_\_

**Child Two:**

Child's current age? \_\_\_ grade? \_\_\_

Child's race/ethnicity? (Please check all that apply)

- Hispanic / Latino origin
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian & other Pacific Islander
- Other: \_\_\_\_\_

Who does this child live with? (check all that apply):

- Mother
- Father
- Foster Parent
- Grandparent(s)
- Aunts/Uncles
- Cousins
- Other: \_\_\_\_\_

**Child Four:**

Child's current age? \_\_\_ grade? \_\_\_

Child's race/ethnicity? (Check all that apply)

- Hispanic / Latino origin
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian & other Pacific Islander
- Other: \_\_\_\_\_

Who does this child live with? (Please check all that apply):

- Mother
- Father
- Foster Parent
- Grandparent(s)
- Aunts/Uncles
- Cousins
- Other: \_\_\_\_\_

**Program Priorities:**

10. What were your primary reasons (please rank mark all that apply) for enrolling your child in an out-of-school-time program at the Hyde Park Neighborhood Club?

- HPNC provides assistance with homework completion (ASLL)
- Safety (hpnc provides a safe place for my child when not in school)
- To keep my child out of trouble
- HPNC's after-school pick-up service (ASLL)
- I want my child to be exposed to a variety of extracurricular activities.
- Recommendation of a friend/acquaintance
- Price / cost compared to other programs
- Quality of the program
- Hours / convenience with our family schedule
- Social diversity of the other children enrolled
- Other: \_\_\_\_\_

11. What would your child be doing if not attending an HPNC Out of School Time Program?

- Staying at home alone
- Staying at home with a sitter
- Staying with relatives
- Attending an in-school program
- Attending another community-based out-of-school-time program

**Safety Concerns:**

12. Do you have concerns regarding this child's everyday safety?

- On his/her school grounds? If yes, please specify: \_\_\_\_\_
- In your home neighborhood? If yes, please specify: \_\_\_\_\_

**HPNC Program that your child(ren) will be joining:**

- Summer Camp
- After School Program (ASP)
- Vacation Day
- Athletics – Tumbling
- Athletics – Basketball
- Athletics – Roller Derby
- Enrichment – Play N Learn

**THANK YOU!**

**Dates:** Monday, June 24 – Friday, August 23, 2019; \*no camp July 4<sup>th</sup>

**Times:** 8am- 9am Morning drop off  
Camp starts at 9am ends at 3 pm  
3 pm – 6 pm (aftercare)

**Ages:** Children entering kindergarten to 16 years of age

1. What will my child do during summer camp?

*Your child will play, learn and explore through a variety of activities designed with academic, physical and social development in mind.*

**Weekly swimming instruction at University of Chicago's Ratner Pool is also offered for K-Teen campers.**  
**Barrel of Monkeys Creative Writing/Acting lessons**  
**Weekly Beach Days; Every Friday**  
**Weekly Field Trips throughout Chicago**

2. What will my child eat for lunch?

*You will provide your child(ren) with a nut-free lunch each day. HPNC will provide a healthy morning and afternoon snack for all children. HPNC does not serve any snacks that contain nuts, however we do ask to be notified if your child has any specific allergies as other children may have food that has come in contact with nuts.*

3. What are the credentials of the staff who will be responsible for my child?

*As a licensed DCFS facility, HPNC follows all established guidelines for counselors. This includes a 5-point background check within the state and federal systems. All teachers are required to have 15 service training hours annually.*

4. What is the staff to student ratio?

*Each summer camp group has two co-teachers. This allows HPNC to have a 1:10 staff to student ratio. Through the summer, HPNC has many volunteers to assist in summer camp activities as well which allows for an even smaller adult to student ratio.*

5. Where will you take my child?

*Staff and trained volunteers will chaperon your child using our 28seat bus or via public transportation when appropriate. We also take many walking field trips to nearby attractions like the Museum of Science + Industry, The Oriental Institute, local parks and beaches!*

6. What should my child bring to camp?

*Please send your child with comfortable clothes from head to toe including comfortable shoes to run, walk and play, as well as a water bottle, sunscreen, swimsuit, towel and a sack lunch! Please label all items your child brings to*

HPNC. We also ask that you send a change of clothes for your child daily and keep personal electronics and toys at home.

7. How will I know where my child is each day?

*There will be a Summer Camp Schedule available to you breaking down each day your child is here.*

8. What is the cost of the program?

*HPNC summer camp is \$295/weekly 8am-3pm, \$60/weekly aftercare 3-6pm. Parents can choose to register for the full session or may choose to register for certain weeks.*

*A **non-refundable** registration fee of \$25 per child must be paid at the time of registration to reserve your child's spot.*

*A \$295 **non-refundable** deposit per child (or one month's IAC co-pay) will be used to reserve your child's spot in the program and is due at registration. The deposit will be used toward your child's final week of summer camp.*

9. How do I register?

*Please visit our website, [www.hpncclub.org](http://www.hpncclub.org), and visit our registration page. Or, you may come to our facility to pick up a paper application. Please contact Lauren Jones at [ljones@hpncclub.org](mailto:ljones@hpncclub.org) for more information.*

10. When are payments due?

*Weekly payments are due one week prior to the week of camp your child is attending. Families who are registering for the full session must pay in full by June 17, 2019. A late fee of \$25 will be added to your account when tuition and fees are not paid on time. It is recommended families enroll in autopay to ensure timely payment and do not incur any late payment fees.*

11. What is the activity fee?

*An activity fee will apply to families utilizing Illinois Action for Children. A \$50 fee per child is required in addition to your monthly co-payment. This fee is to supplement the cost of activities during summer camp. This payment is due at the time of registration and is not pro-rated for any reason.*

12. Can I come for a tour before I register my child for camp?

*Tours are available Monday-Friday from 8am-3pm. Please contact either Lauren Jones at [ljones@hpncclub.org](mailto:ljones@hpncclub.org) or Kyle Losey at [klosey@hpncclub.org](mailto:klosey@hpncclub.org) for more information.*