Illini Summer Academies
2014 Illini Summer Academies
Requirements for Registration

The attached forms must be submitted by the deadlines noted below for on-line registration for the 2014 Illini Summer Academies to be valid. If forms are not received by the dates noted, the registration will be cancelled and refunds will only be provided as noted. All registrants are required to submit these forms, including adult chaperones.

For Early Bird Registrations (Before or on April 14)— Full Payment (If not paid via credit card on-line), Emergency Medical Form, Code of Conduct Agreement, Media Release Form, AND Agreement to Assume Risk Form must be mailed to the address below, postmarked no later than April 16, 2014. Mailed payments must be made via check or money order and must be made out to the University of Illinois in order to be accepted. (Credit card payments are only allowed/accepted during on-line registration.)

For Regular Registrations (after April 14) -- Full Payment (If not paid via credit card on-line), Emergency Medical Form, Code of Conduct Agreement, Media Release Form, AND Agreement to Assume Risk Form must be mailed to the address below, postmarked no later than May 24, 2014. Mailed payments must be made via check or money order and must be made out to the University of Illinois in order to be accepted. (Credit card payments are only allowed/accepted during on-line registration.)

The 2014 ISA Registration officially close at midnight on Wednesday, May 21.

Forms and any payments must be mailed to:
Illini Summer Academies
801 N. Country Fair Drive, Suite E
Champaign, IL 61821.

REFUND POLICY

Early-Bird Registrations:
• Early-bird Registrations that are cancelled prior to April 14th will receive a complete refund.
• Early-bird registrations cancelled between April 15 and May 21 will receive an 80% refund. Cancellations between May 22 and May 30 will receive a 50% refund.

Regular Registrations made after April 14:
• Registrations made after April 14 that are cancelled before or on May 21 will receive a complete refund.
• Cancellations between May 22 and May 30 will receive a 50% refund.
• No refunds will be issued for cancellations received after 5:00 p.m. on May 30.

All cancellations and refund requests must be received IN WRITING by the State 4-H Office by 5:00 p.m. on the date specified in order to receive any portion of a refund. Requests may be faxed (217/333-9287) or e-mailed to Dan Boomgarden (boomgrdn@illinois.edu).
ILLINI SUMMER ACADEMIES - EMERGENCY MEDICAL FORM

DELEGATE’S OR CHAPERONE’S NAME: ____________________________

Address: ____________________________________________________________
Street                      City                      State/Zip Code
Age: ____________________    Sex:  F     M    Birth Date: ______ / ______ / ______

PARENT/GUARDIAN/OTHER EMERGENCY CONTACT

Name: _______________________________________________________________
Home Phone: (______)___________ - ___________________ Work Phone: (______)___________ - ___________________
Cell Phone: (______)___________ - ___________________
Address: _____________________________________________________________
Street                      City                      State/Zip Code

HEALTH INFORMATION STATEMENT

Place a “✓” in the box to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperon. At the end of the list, please give specific information on any items that you placed a “✓” in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

1. Nervous or Mental (epilepsy, emotional stress, convulsions)
2. Lung Disease (asthma, persistent cough, tuberculosis)
3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure
4. Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever)
5. Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)
6. Arthritis, Diabetes, Kidney or Bladder Disease
7. Hay Fever or Allergies
8. Allergy to Medicines (including penicillin, tetanus)
9. Impaired Sight or Hearing, Chronic Ear Infections
10. Recent Surgical Operations, Accidents or Injuries
11. Any Infectious Disease
12. Skin Disease
13. Allergy to Foods
14. Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury)
15. Under on-going care of a Physician (give name & phone number below) for chronic or recurring problem
16. Do you wear glasses OR contact lenses? (circle)
17. Currently taking medication (list names & doses below)
18. Currently taking medication that needs refrigeration
19. Date of last TETANUS BOOSTER ___________________

Please provide any detailed information for any items above marked with a “✓” Be specific.

Family Doctor: ____________________________
Clinic/Hospital Affiliation: ____________________________
City: ___________________________________________ Phone: (______)___________ - ___________________

Medical Privacy Statement: It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to University staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect for the event, does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED: ____________________________________________ DATE: ____________________________
Parent or Guardian

Revised 2/08
Code of Conduct

As a participant in the Illini Summer Academies, you have the responsibility of representing the University of Illinois Extension/4-H program to the public. You are expected to conduct yourself in a manner that will bring honor to you and your family, as well as to the University. This Code of Conduct has been approved for use by the University of Illinois. Delegates and their parents are expected to sign the attached agreement indicating that they will abide by this code and agree to the actions that may possibly be taken.

ALL delegates to the Illini Summer Academies are responsible for their conduct to University of Illinois Extension personnel and/or volunteers supervising the event. This responsibility is necessary for the health, safety, and welfare of the participants, and will be rigidly adhered to and uniformly enforced.

The following conduct is not allowed and is subject to disciplinary action:

**Category 1**

a. Possession, use, or distribution of alcohol and other drugs, including tobacco products. *(Prescription drugs must be listed on the delegates’s Emergency Medical Form)*

b. Willful theft and destruction of public or private property. *(Delegates will be responsible for paying for any damages to dormitory and/or personal property.)*

c. Involvement in sexual misconduct or harassment. *(Delegates may not be on a floor or in a room housing members of the opposite sex. They are expected to exhibit dignified and restrained actions in expressing affection toward other delegates.)*

d. Possession or use of dangerous weapons or materials, including fireworks.

e. Fighting or other acts of violence that endanger the safety of yourself or others.

In addition, University representatives reserve the right to inspect rooms and items brought to rooms by delegates, such as back packs, purses, luggage, etc., when there is reason to believe Category 1 violations have been committed. Such inspections will be conducted in a reasonable manner and limited in scope to such areas or items necessary based upon the information leading to the inspection. Delegates and their parent/guardian consent that the delegate’s room and personal items may be inspected by University of Illinois officials, as a condition of participating in this University of Illinois Extension/4-H program and agree to cooperate with such inspections.

**Category 2**

a. Willfully breaking curfew. *(Delegates are to be in their own rooms by the curfew time stated in the final program book.)*

b. Unauthorized use of vehicles. *(Delegates cannot use their vehicles once the Academies have started without specific written permission from the ISA Headquarters Staff)*

c. Participating in gambling.

d. Unauthorized absence from the planned program or site of the event. *(Delegates are to attend all sessions of the program. Some Academies may involve leaving the University campus; however, this will be done in groups and is not to be done by individuals.)*

e. Intentionally interfering with or disrupting the event.

f. Use of profanity and/or abusive language.

g. Disregard for public or personal property.

h. Public displays of affection or other inappropriate actions.

i. Failure to comply with direction of University personnel, including designated adults acting within their duties and guidelines.

**Consequences**

University of Illinois Extension reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for behavior as outlined in Category 1 or Category 2. In all cases, the participant will be responsible for retribution of any damages incurred by his/her actions.

**Category 1**

1. When notified of any of the actions under Category 1, the adult in charge, will ascertain the relevant facts, and, with concurrence from University of Illinois staff, will notify the affected participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations and, if necessary, law enforcement officials will be notified. While facts are being verified, the participant will be removed from the activity/event and be under direct supervision of an adult chaperon.

2. The parent/guardian will also be notified of the actions of the participant, and upon finding the allegations to be true, must immediately remove the participant from the activity, at the parent/guardian’s expense.

3. Documentation must be completed on an “Incident Report Form.”

**Category 2**

1. When notified of any of the actions listed under Category 2, the adult in charge will ascertain the relevant facts, and, with concurrence from University of Illinois staff, will notify the affected participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations. While the facts are being verified, the participant will be removed from the activity/event and be under direct supervision of an
Code of Conduct Agreement & Media Release

Delegates to the Illini Summer Academies and their parents/guardians must read and sign the agreement below related to acceptance of the University of Illinois Code of Conduct for this event. **Registration for the event will NOT be accepted if this form is not signed by both the delegate and their legal guardian.**

If you wish to not give permission for the media release portion of the information below, please draw a line through that portion and initial it on the side.

**Parental/Guardian Authorization:**

I have reviewed the Illini Summer Academy program and have read the Code of Conduct for the University of Illinois and give permission for my child to participate in the Illini Summer Academy program. I also understand that if my child does not follow the Code of Conduct, s/he may be asked to leave the event. I further agree to be responsible for removing my child immediately from the University if this becomes necessary.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that the University of Illinois and its staff have the right to print photographs and take videotape and to use these for educational and promotional purposes in print, video, and/or electronic form, including, but not limited to the Illinois 4-H websites. I further consent that my child’s name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Parent/Guardian Name: (please print)____________________________________________________

Parent/Guardian Signature:_________________________________________ Date: ________________

**Delegate Agreement:**

As a delegate to the Illini Summer Academies, I have read the list of regulations that will be in effect and agree to abide by them. I realize that my room and personal items may be inspected by University officials as a condition of participating in the program and agree to cooperate with such inspections.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that the University of Illinois and its staff have the right to print photographs and take videotape and to use these for educational and promotional purposes in print, video, and/or electronic form, including, but not limited to the Illinois 4-H websites. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Delegate Signature:_________________________________________ Date: ________________

Please attach this to the completed **Emergency Medical Form**, complete the **Agreement to Assume Risk Form**, and mail as directed by the required deadlines.
AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY
4-H Medium to High Activity

NAME OF EVENT: Illini Summer Academies  DATE(S) June 22-25  YEAR 2014

This is a legal document. You must read and understand it before signing it.

The Activity is a 4-day live-in event on the University of Illinois campus.

I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing my child to participate in this Activity. Risks include but are not limited to recreational activities, team-building activities, living in college dormitories, walking around campus, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and from the use of equipment, materials, or facilities recommended by the University of Illinois; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and/or adequate emergency medical care. I understand that the University of Illinois does not guarantee the personal health or safety for participants, nor does it protect against risk of loss of personal property.

I verify that I have knowingly disclosed all pertinent medical and health information about my child in the UI Extension 4-H Program Youth Emergency Medical Information form, which I have completed and signed. (May be crossed out if not applicable.)

If my child is injured or becomes ill, and/or causes harm to another person or another person’s property while participating in this Activity, I will accept responsibility for any losses and medical bills, including co-payments and deductibles not covered by the American Income Life Medical/Accident insurance policy, if purchased in conjunction with this Activity. I will not seek reimbursement from the University of Illinois.

I understand the University of Illinois does not assume responsibility for events that are not part of the Activity described above, or that are beyond the control of the University, its employees, its agents, or its volunteers, or for situations that may arise due to the failure of the participant to disclose pertinent information.

My child and I understand and agree to abide by the Youth Behavior Guidelines provided by University of Illinois Extension 4-H. I understand that the UI Extension has the right to ask my child to leave the Activity if a UI representative deems that my child’s behavior or action poses a threat to others participating in the Activity.

I affirm I have reviewed and understand the pertinent safety policies. (May be crossed-out if not applicable.)

In consideration for allowing my child to participate in the Activity, I release the Board of Trustees of the University of Illinois, its officers, employees, agents and volunteers from any and all liability, and waive any and all claims that my child and I may have, arising out of or in any way connected with the Activity and my child’s participation in the Activity. This release and waiver is binding on my heirs, assigns and representatives.

Youth’s Name______________________________________________________________________

Parent’s Name __________________________________________________________ Phone

Address ___________________________________________________ City ____________ State ____________ Zip__________

Parent or Legal Guardian’s Signature

Assumption of Risk and Release – 4H medium to high physical activity/Approved for legal form 082009 (LMP)