



2017 ACES Family Academies Requirements for Registration

The attached forms must be submitted by the deadlines noted below for on-line registration for the 2017 College of ACES Family 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.

All Registrations MUST INCLUDE:

- Full payment (If not paid via credit card on-line)
- Emergency Medical Form
- Code of Conduct Agreement
- Media Release Form
- Agreement to Assume Risk & Release From Liability Form

These forms must be mailed to the address below and postmarked no later than **June 1, 2017**.

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.) All registrations must be completed online. No phone registrations will be accepted.

The 2017 ACES Family Academies Registration officially closes at midnight on **June 1, 2017** unless sold out prior to that date.

Forms and any payments must be mailed to:
College of ACES Alumni Association- University of Illinois
124 ACES Library, Information, and Alumni Center
1101 S. Goodwin Avenue
Urbana, IL 61801

Cancellation Policy:

If individuals need to cancel, a request for a full refund must be made in writing no later than 5:00 p.m. on June 1, 2017. We will be unable to issue refunds after this date since we will already have incurred costs for the program.

College of ACES Alumni Association- University of Illinois
124 ACES Library, Information, and Alumni Center
1101 S. Goodwin Avenue
Urbana, IL 61801
217-333-7744 (office) 217-333-0354 (fax)
acesalumni@illinois.edu

**UNIVERSITY OF COLLEGE OF ACES
EMERGENCY MEDICAL INFORMATION**

EVENT: ACES Family Academies

DELEGATE'S OR CHAPERONE'S NAME: _____

Address: _____
Street City State/Zip Code

Age: _____ Sex: _____ Date of Birth: ____/____/____

PARENT/GUARDIAN/ OTHER EMERGENCY CONTACTS:

Name: _____ Relationship _____

Home Phone: _(____)____ - _____ Work Phone: _(____)____ - _____

Cell Phone: _(____)____ - _____

Address: _____
Street City State/Zip Code

Name: _____ Relationship _____

Home Phone: _(____)____ - _____ Work Phone: _(____)____ - _____

Cell Phone: _(____)____ - _____

Address: _____
Street City State/Zip Code

HEALTH INFORMATION STATEMENT

Check below any information you feel staff and/or volunteers may need, to maximize the safety and the well being of the adult or youth participant. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate, important information. This information will be kept confidential unless needed in case of illness or injury and can be returned after the program is concluded.

[] Nervous or Mental (epilepsy, emotional stress, convulsions) _____

[] Lung Disease (asthma, persistent cough, tuberculosis) _____

[] Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure _____

[] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

[] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) _____

[] Arthritis, Diabetes, Kidney or Bladder Disease _____

[] Hay Fever or Allergies _____

[] Allergy to Medicines (including penicillin, tetanus) _____

[] Impaired Sight or Hearing, Chronic Ear Infections _____

- [] _____
Recent Surgical Operation, Accidents or Injuries _____
- [] _____
Any Infectious Disease _____
- [] _____
Skin Disease _____
- [] _____
Allergy to Foods _____
- [] _____
Currently taking Medicines (list names & doses) _____
- [] _____
Medication that needs refrigeration _____
- [] _____
Under on-going care of a Physician (NAME & PHONE #) for chronic or recurring problem _____

- [] Do you wear glasses? YES [] NO [] SOMETIMES []
- [] Do you wear contact lenses? YES [] NO [] SOMETIMES []
- [] Date of last TETANUS BOOSTER _____
- [] Date of last FLU SHOT _____
- [] Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____

Primary Care Physician: _____

Practice/Clinic/Hospital Affiliation: _____

City: _____ State: _____ Phone: _ (____) _____ - _____

Health Insurance Provider: _____

Owner's Name: _____ ID/Policy Number: _____

Medical Privacy Statement: It is the policy of University of Illinois College of ACES to keep any medical information it may have regarding 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 an adult may be treated; providing information to staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones 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, every effort will be made to get the permission of the program participant or parent or guardian.

To my knowledge, I have no health problems, unless stated above, and can SAFELY PARTICIPATE in ACES Family Academies and that I have no contagious or communicable disease. In case of emergency while participating in this event/program, I give permission for physicians to perform needed treatment. I will assume all financial obligations incurred if not covered by insurance.

SIGNED: _____ DATE: _____
Participant

IF UNDER 18,

SIGNED: _____ DATE: _____
Parent/Guardian

Return to:

Tina Veal, ACES Alumni Director, 124 ACES Library, 1101 S. Goodwin Ave., Urbana, IL 61801
Fax: 217-333-0354

University of Illinois CODE OF CONDUCT FOR COLLEGE OF ACES EVENTS & ACTIVITIES

ALL participants in events and/or activities planned, conducted, and supervised by the University of Illinois College of ACES, are responsible for their conduct to U of I personnel and/or volunteers supervising the events. This responsibility is necessary for the health, safety, and welfare of the participants, will be rigidly adhered to, and will be uniformly enforced.

The following conduct is not allowed while participating in any College of ACES event or activity and is subject to disciplinary action:

Category 1

- a) Possession, use, or distribution of alcohol and other drugs*, including tobacco products.
- b) Theft or 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.
- d) Possession or use of dangerous weapons or materials (including fireworks).
- e) Fighting or other acts of violence that endanger the safety of the participant or others.

Category 2

- a) Willfully breaking curfew.
- b) Unauthorized use of vehicles.
- c) Leaving the site of the event.
- d) Participation in gambling.
- e) Absence from the planned program.
- f) Intentionally interfering with or disrupting the event.
- g) Use of profane or abusive language.
- h) Disregard for public or personal property.
- i) Public displays of affection or inappropriate actions.
- j) Failure to comply with direction of College of ACES personnel, including designated adults acting within their duties and guidelines.

* *Prescription drugs must be listed on an Emergency Medical Information form.*

Consequences:

The University of Illinois College of ACES reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for any behavior outlined in Category 1 or Category 2.

In all cases, the participant will be responsible for restitution of any damages incurred by his/her actions.

Category 1:

1. When notified of any of the actions listed under Category 1, the adult in charge, will ascertain the relevant facts and, with concurrence from the U of I 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 College of ACES activity/event and be under direct supervision of an adult chaperon.
2. The parent or guardian will be notified of the behavior and must make arrangements for removal of the participant from the activity, at the parent's or 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 the U of I staff, will notify the 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 College of ACES activity/event and be under direct supervision of an adult/chaperon.
2. The parent or guardian of the participants who violate curfew, use vehicles without authorization, or leave the site of the event (as outlined in Category 2, letters a, b, c) will be notified of the actions by the participant. The parent or guardian must immediately remove the participant from the activity, at the parent's or guardian's expense. Participants who exhibit conduct as described in Category 2, letters d-j, will receive a verbal and written warning (initialed by the adult and the participant). Upon receiving a second warning, the parent or guardian will be notified of the behavior and must make arrangements for removal of the participant from the activity, at the parent's or guardian's expense.

"We understand and accept the responsibility for following the "Code of Conduct" for this College of ACES event or activity. We further understand that failure to do so will result in disciplinary action as outlined above and forfeiture of any participant's fees."

Signature of participant *Date* *Signature of Parent/Guardian* *Date*

NOTE: Failure to have signatures above shall be sufficient reason to disqualify the participant from this activity or event.

Photo, Video, and Audio Release

I grant the University of Illinois College of ACES, the permission to record and/or disclose my (or my child's when noted below) identity, including, but not limited to photograph, image, likeness, and voice ("Identity") and to use, reproduce, and distribute video and/or sound recordings, films, photographs, transparencies or other recordings of me (or my child when noted below) arising out of the

ACES Family Academies Program

Program and/or Activity

Such use, reproduction, and distribution may be done in whole or in part in any media for any purpose on behalf of University of Illinois College of ACES, such as in ACES publications, webpages, social media or to otherwise promote the College of ACES programs in posters, audio/video presentations or other displays. My (or my child's when noted below) identity may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing Extension programs.

In addition, I waive all claims to compensation or damages based on the use by the University of my (or my child's when noted below) identity. I also waive the right to inspect or approve the finished photograph, video or audio recording, or other recording.

I understand that this release is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I have the full right and authority to grant this release and that I am at least 18 years of age. I further attest that I have read this release form and full understand its contents.

Name of Subject

Parent or Guardian's Name (If subject is a minor)

Address

Address

City State Zip

City State Zip

Subject's Signature

Parent or Guardian Signature (If subject is a minor)

Date

Date

AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY
College of ACES

NAME OF EVENT: **ACES Family Academies**

DATE(S): July 12-14

YEAR: 2017

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

The Activity is a 2 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 my participation in this Activity. Risks include but are not limited to 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 me in the *ACES Family Academies Emergency Medical Information form*, which I have completed and signed.

If I am injured or become ill while participating in this Activity, I will accept responsibility for any medical bills, including co-payments and deductibles not covered by the *American Income Life Medical/Accident* insurance policy, and I will not seek reimbursement from the University of Illinois. If I cause harm to another person or another person's property while participating in this Activity, I accept sole responsibility for all losses not covered by the *American Income Life Medical/Accident* insurance policy.

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 volunteers, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I understand and agree to abide by the Behavior Guidelines provided by University of Illinois College of ACES. I understand that the College of ACES has the right to ask me to leave the Activity if a University of Illinois representative deems that my behavior or action poses a threat to others participating in the Activity.

I have reviewed and understand the pertinent safety policies for each discipline in which I will be participating, including but not limited to policies on foot wear, eye and ear protection, and other relevant safety procedures.

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 I may have, arising out of or in any way connected with the Activity and my participation in the Activity. This release and waiver is binding on my heirs, assigns and representatives.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Signature _____

Note: University of Illinois College of ACES reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for any behavior outlined in *Category 1 or 2 of the University of Illinois code of Conduct Agreement.*