



2018 ACES Family Academies Requirements for Registration

The attached forms must be submitted by the deadlines noted below for online registration for the 2018 College of ACES Family Academies to be valid. If forms are not received by the dates noted, the registration will be canceled 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
- Food Allergies and Intolerance Form (if applicable)
- Parking agreement (to be able to have pass at lot when you arrive)
- Agreement to Assume Risk & Release from Liability Form

These forms must be mailed to the address below and postmarked no later than **June 8, 2018**.

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 2018 ACES Family Academies Registration officially closes at midnight on **June 1, 2018** 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 15, 2018**. 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.

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

Media Release - 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 our 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 13-14

YEAR: 2018

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.*

Food Allergies and Intolerances Form

Office of Conferences & Special Events, University Housing & Dining
300 Clark Hall/1203 South Fourth, Champaign, IL 61820, (217) 333-1766
nutrition@housing.illinois.edu

PLEASE PRINT CLEARLY or TYPE

Camp/Conference Attending (please write full name of camp): ACES Family Academies

Dates attending: July 11, 2018 to July 13, 2018

PARTICIPANT INFORMATION:

Do not complete this form if the camper does not have a food allergy or special dietary need.

Participant Name: _____ Age: _____

Participant phone: (cell/home) _____ Birth Date: _____

Participant email: _____

Parent or Guardian Name: _____

Relationship to Participant _____

Parent Phone (cell) _____ Work: _____ Home: _____

Email: _____

FOOD ALLERGY/INTOLERANCE(S):

Please attach medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the Participant's Physician (MD or DO). Documentation from a Doctor of Chiropractic not accepted.

*FOOD ALLERGY

Dairy Soy Eggs Peanuts Tree nuts

Fish Shellfish Sesame Corn

Wheat (do not check this for celiac disease or gluten sensitivity, only wheat allergy)

Other, please list: _____

*FOOD INTOLERANCE:

Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)

Lactose Fructose Sulfites Histamines Nitrites

Fructans Tyramine Galactans Fava Beans MSG

Salicylates Polyols Citric acid Nightshades

Other, please list: _____

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other): _____

Dietary Needs Questionnaire

Please answer the following questions to better help us with your needs:

1. What are the preferred food substitutions, if any? (soy butter for peanut butter, gluten-free breads, soy milk etc):

2. What types of contact will cause a reaction?

____ Airborne

____ Trace Cross Contact

____ Actual ingestion of food

Please explain:

3. Does the Participant understand the food allergy and what needs to be done to manage it?

4. Has the Participant ever attended camp or eaten meals outside the home?

YES NO

If yes, how were the meals handled?

5. Is there any other information you would like to share to help us meet the Participant's needs?

Food Allergies and Intolerances Form

Office of Conferences & Special Events
University Housing & Dining

Menus, allergens, and ingredients will be posted online four weeks prior to your child's camp. Please contact your camp counselor to see which dining hall your child will be dining in. Then see EatSmart online at: eatsmart.housing.illinois.edu/NetNutrition/

Some participants and their parents have used EatSmart online to navigate menu items, food allergies, and food intolerances. However, some participants and parents would like extra precautions taken to help control for trace amounts of allergenic components/cross contact. We have a separate allergy-friendly preparation area in every dining hall and a designated allergy team that undergoes additional allergy and intolerance training beyond our regular staff training.

We have several special dietary food items such as half-pints of 100% lactose free milk. We also have a gluten-free refrigerator in each dining hall with gluten-free muffins, bread, buns, tortillas, and cookies. We also have a vegan corner containing vegan cream cheese, cheese slices, almond milk, rice milk, vegannaise, vegan ham and turkey deli meat, Bragg's amino acids, nutritional yeast, and flax seed. We have silk vanilla and chocolate soy milk in all dining halls as well.

A minimum of two (2) weeks prior to the camp/conference, Camp/Conference Participants or the Participant's Legal Guardian is required to contact the Administrative Dietitian at nutrition@housing.illinois.edu if you would like your child to have specially prepared meals made in our allergy-friendly preparation area. Dining Services will make every attempt to meet special diet and food allergy needs but cannot guarantee food service for all food allergies.

University Housing and Dining Services does not provide assistance or administer injections due to allergic reactions and does not carry or provide stock epinephrine in any dining hall.

<http://www.housing.illinois.edu/Dining>

University of Illinois Dining Services makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food production staff on the severity of food allergies. In addition, we label items with possible allergen-containing ingredients; however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Customers concerned with food allergies need to be aware of this risk. Dining Services will not assume any liability for adverse reactions to foods consumed, or items one may come in contact with while eating at any University establishments. Students with food allergies are encouraged to contact Dining Services at 217-244-5800 and/or the Dietitian at nutrition@housing.illinois.edu or 217-244-6655 for additional information and/or support.

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Please print and sign with pen:

Participant/Parent/Guardian Signature: _____ Date: _____



Conference Guest Parking Application 2018

Please complete the below form printing legibly

Guest Name:	
UIN (if applicable):	
Conference: ACES Family Academies 2018	
Street Address:	Permit TM#:
City:	
State:	
Zip Code:	
E-mail Address:	Invoice #:
License Plate State:	
License Plate Number:	
Vehicle Make (Honda, Chevy etc.):	Clerk Initials after data entered into Website:
Vehicle Model:	
Style of Vehicle (2 door, 4 door, truck etc.):	
Vehicle Color:	
Vehicle Year:	
Are you driving a vehicle that you own or are you driving a vehicle that is registered in someone else's name? (circle one):	
Owner Driver	
Cell Phone Number:	
Parking Permit Start Date: July 11, 2018 July 12, 2018	
Parking Permit End Date:	
Guest Signature:	
*Please note parking is non-refundable	
For Office Use Only	
Lot Assigned (circle one): E14 F23	
Rate (circle one): \$14/day \$58/week \$78/two weeks	
\$110/month \$220/summer	
Total Charge:	
Charge Explanation:	
Date Collected:	
Received By:	
Additional Notes:	