



DuPage County Area Project Registration & Consent Form

ALL participants MUST be at least 7 years of age.

Program Name/Location: _____

Participant Full Name	Male/ Female	Race	Age	Birth Date	T-Shirt Size	School	Grade

Address _____

City _____ **State** _____

Zip Code _____ **Youth Cell:** _____

Youth e-mail address: _____

Contact Information: Parent/Legal Guardian:

Parent/Legal Guardian #1 Name: _____

Home # _____ Cell Phone # _____

Work # _____ Other # _____

Email Address: _____

Parent/Legal Guardian #2 Name: _____

Home # _____ Cell Phone # _____

Work # _____ Other # _____

Email Address: _____

Emergency: Contact (other than parent/legal guardian): _____

Phone #: _____ **Relation to participant(s)** _____



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Please carefully read and initial after each type of consent. Your Initial is proof you have read and understood the following consents/releases.

Medical Release:

I understand that DuCAP includes physical sports and recreational activities. My child or children listed/registered has the following restrictions on his/her physical activity: _____

My child takes the following medications: (Specify child's name) _____

These medications are; self-administered _____ OR administered by an adult _____.

My Child has asthma Yes or NO _____. Specify child's name: _____

Participants with a diagnosis of asthma may keep and use an inhaler during the DuCAP Program, if a doctor's note is on file with the DuCAP Central Office. The inhaler must be used in lead staff's presence.

AUTHORIZATION FOR TREATMENT OR EMERGENCY CARE: I hereby give permission to the medical personnel selected by DuCAP personnel to order X-rays, routine tests, treatment, and necessary transportation for my child or children listed/registered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by DuCAP personnel to secure and administer treatment, including hospitalization, for my child or children listed/registered. The completed forms will be photocopied.

I release, waive, discharge and covenant not to sue DuCAP, its departments, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, medical bills, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

Parent/Legal Guardian Initials: _____



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Photography Release:

I authorize the Illinois Department of Human services, any Affiliate or Sponsor/Partner of DuCAP, and the local DuCAP Program operators to photograph my child/children listed/registered for means of publication purposes. Photos might be used in various brochures and publications describing and promoting the program in a positive way. The photos will not be used in any illegal misrepresentation of my child/children listed/registered.

Parent/Legal Guardian Initials: _____

Outcome Measurement Consent:

I give my permission to the Illinois Department of Human Services, its designees and DuCAP to collect and record data on my child or children listed/registered. The data may include, but is not restricted to the following;

* Surveys and/or interviews about his/her knowledge, attitudes, skills, and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community and overall satisfaction with the DuCAP Program.

* Academic and school department data from report cards and other school reports. These will be collected each quarter during the school year.

I understand that the purpose of these surveys and interviews is to document the impact of the DuCAP Program on its participants and to identify areas for improvement. I also understand that this information will remain private and that only the site director and assigned research assistants will be able to view this information.

Parent/Legal Guardian Initials: _____



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Field Trips: I understand that the DuCAP Program will be planning some field trips throughout the course of my child's participation. I will allow my child or children listed/registered to go on field trips with the DuCAP Program and staff. My child or children listed/registered and I fully understand that all DuCAP rules apply, even on field trips. I also understand that all field trips will also have another, more detailed permission slip, providing information concerning the exact logistics of the trip.

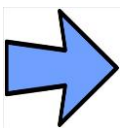
Parent/Legal Guardian Initials: _____

Audio/ Visual Presentations:

I understand that DuCAP Program will present audio/visual presentations that carry a PG or G rating. At times, presentations with a PG13 rating will be shown. I allow my child or children listed/registered to view/listen to a G, PG and PG13 rated presentation.

Parent/Legal Guardian Initials: _____

*****My signature confirms that I have read and understood the above information and give my consent accordingly.**



Parent/Legal Guardian Signature

Date

Print Parent/Legal Guardian Name