



**CHICAGO
TRAINING
CENTER**

CHICAGO TRAINING CENTER
PO Box 7076
Chicago, IL 60680-7076
1.302.338.1205
info@chicagotrainingcenter.org
www.chicagotrainingcenter.org

CTC Application Packet



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CODE OF CONDUCT

ACTIVITIES ARE A PRIVILEGE

The CTC is strictly a voluntary program. Those who participate must give extra effort and time. The participant has the privilege of participating in a well organized program of special interest. Because the CTC is voluntary and because those participating represent the CTC, we expect the behavior of those who participate to be of the highest order. This is particularly true of academic requirements, honesty and sportsmanship. The dignity of the program is reflected in its participants. Since it is a privilege to participate, it is logical that the CTC has the authority to revoke the privilege for those who do not conduct themselves in a responsible manner. This sense of responsibility extends to the activity and conduct inside and outside the CTC.

ACADEMIC ELIGIBILITY

In order to be eligible to participate, participants must be in good academic standing as proscribed by the Board of Education in compliance with state law. Coaches will review eligibility standards at the beginning of each season and as new members join the activity.

PARTICIPATION RULES

Participation and training rules are in effect for participants for the entire calendar year (i.e. summer months as well). A participant accused of a violation will be informed of the charge and given the opportunity to explain or respond. For reported violations which occur outside of school or in the summer, the CTC director will investigate and inform the head coach, student, and parents. The CTC director will meet with the participant and render a decision regarding participation.

APPEAL

Since participation is a privilege, it is not protected by due process procedures applicable to regular public education. A participant may appeal the declaration of the ineligibility but the penalty remains in force during the appeal.

SCHOOL SUSPENSIONS

During out-of-school suspensions, the participant cannot participate in any practices or contests. In addition, the participant may not participate in a practice or a contest that conflicts with an assigned school penalty (e.g. P.M. detention, Saturday School).

CRIMINAL ACTION

When the CTC has substantiated knowledge that a participant has been charged with a criminal offense, he/she will immediately be temporarily suspended from participation. The CTC director will consider duration of the suspension and reinstatement of the participant to a program based upon a review of the information.

SUBSTANCE USE OR POSSESSION

The CTC has a significant interest in discouraging the use of prohibited substances to provide a safe and healthy environment. It is considered a violation of code if a participant possesses, uses, distributes, or sells illegal drugs, look-a-like drugs, paraphernalia, controlled substances, or alcoholic beverages, and if a participant attends a party or gathering without a parent/guardian present where alcohol or drugs are being consumed. CTC reserves the right to expel any participant from the organization that knowingly disobeys these rules or becomes a habitual offender.



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TOBACCO

Tobacco is both an unhealthy habit and athletic deterrent. Use of Tobacco or Tobacco related products is a violation of this code of conduct. CTC reserves the right to expel any member of the team that is caught using Tobacco products.

HAZING/HARASSMENT/BULLYING

Hazing/harassment/bullying in any CTC program or outside the program is unacceptable. Participant involvement in hazing/harassment/bullying may be suspended from events or removed from the team.

HEALTH AND SAFETY

If the CTC director has reasonable cause to believe a participant's health condition may pose a risk to the participant or others in the athletics/activity, he may require a more current certification of fitness to participate from a physician.

SPORTSMANSHIP

The CTC recognizes and supports positive sportsmanship. Any participant demonstrating un-sportsmanship behavior will be asked to leave the event. The CTC will enforce IHSA By-Laws 6.011 (player) and 6.012 (adult).

MEDICAL EXCUSES and VACATIONS

Participants who are medically excused from regular physical education classes may not participate in CTC activities, practices, or games without a doctor's release. However, participation in athletics for such students may be limited by the school based on the safety judgment of the CTC director.

Participation in regular preseason practices is important for the safety and health of participants. Absence from such practices for vacations will be considered by the coach in restricting participation. However, absences due to illness will be considered in a different light and will be subject to individual review by the CTC director in perspective of what is best for the participant and school.

Vacation absences during a season can result in being penalized or released from the team. See the coach at the start of the sport for details about absences.

IMPORTANT

The Code of Conduct is in effect from the first day a student joins CTC. The Code remains in effect 24 hours a day, 365 days a year (regardless of time of day, week, month, or year, location of events / place of events, and/or particular season) until completion of a student's participation.



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Dear Student Athlete and Parent:

Participation with Chicago Training Center is a privilege, which should elicit great pride in both the student athlete and his/her family. It is also a responsibility that requires an extra commitment, both academic and otherwise, by those who represent their teammates, coaches, school, and community. Standards of behavior are necessarily high and a willingness to live up to them is a condition for participation. Consistent with these standards, and as a continuing condition of eligibility, student athletes are required to meet prescribed standards and sign this letter of commitment. The student athlete's signature, along with that of his/her parent/guardian, indicates they both recognize and understand this responsibility and that the student athlete agrees to adhere to the basic concepts of good citizenship, proper training regulations and those positive examples with which every athlete should be identified.

In lieu of this understanding; that good behavior, proper preparation, and responsible decision making are a key components to student athlete behavior; it should be noted the ramifications of falling short of this standard. As a further requirement for participation with Chicago Training Center, participants are required to avoid any action(s) or participate in any activity which might bring embarrassment or any unfavorable view on the athlete, his/her teammates, coaches, family, school or community. Alleged violation(s) of this prohibition(s) will be subject to review and action.

Application of the Code

The Code will apply to each student athlete for one calendar year (including summer) from the date of his/her most recent signature and will be in effect at all times, in all locations, including non-CTC activities. Violations of the Code will result in penalties as determined formally by the Board of CTC.

Tardiness

You are considered late/tardy to practice if you arrive fifteen (15) minutes later than expected. Without a written note in advance, prior notification of engagements, or a written note from a parent or guardian explaining an earlier absence you are considered unexcused.

Each student athlete is required to sign and return to his/her coach, a copy of this commitment letter indicating he/she has read, understands, and will abide by the Athletic Code of Conduct and Regulation.

Signature of Parent

Date

Your signature indicates you have read, understand, and agree to abide by the intent and the conditions of the Chicago Training Center Code of Conduct.

Signature of Athlete

Date

Signature of Coach

Date



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RELEASE OF LIABILITY

IN CONSIDERATION of being given access to, and permission to use equipment, at CTC's Gage Park Facility ("Facility") and Eleanor St. Rowing Facility, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. I ACKNOWLEDGE, agree and represent that I understand the nature of the equipment I will be permitted to use, and that I am qualified, in good health, and in proper physical condition to use such equipment.
2. I FULLY UNDERSTAND that (a) there may be risks of serious bodily injury regarding use of the equipment at the Facility, (b) these risks may be caused by my own actions, or inactions, the actions or inactions of others, the condition of the equipment, or the negligence of the Releasees identified below, and (c) there may be risks and social and economic losses either not known to me or not readily foreseeable at this time in using CTC's equipment. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of such use of such equipment or access to the Facility.
3. I AGREE AND WARRANT that I will examine and inspect each activity in which I take part in at the Facility, that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will refuse to take part in the activity until the condition has been corrected to my satisfaction.
4. I HEREBY RELEASE, discharge, and covenant not to sue CTC, its administrators, directors, agents, officers, volunteers and employees ("Releasees") from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of Releasees or otherwise, and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this RELEASE OF LIABILITY, fully understand its terms, understand that I have given up

substantial rights by signing it and have assigned it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the fullest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant:

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Participant's Signature: _____

Organization: _____

Parental (Guardian) Consent:

(if Participant is under the age of 18 or otherwise not competent).

AND I, the above Participant's parent and/or legal guardian, understand the nature of activities which he or she will be engaged in at the Facility and the Participant's experience, capabilities, and fitness and believe the Participant to be qualified and fit to participate in such activities. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, and further agree that if, despite this release, I, the Participant, or anyone on the Participant's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Printed Name of Parent/Guardian:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Parent/Guardian Signature (only if Participant is under the age of 18 or otherwise not competent):



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CHICAGO TRAINING CENTER FIELD TRIP TRAVEL RELEASE

As the parent/guardian of _____, I hereby Grant consent for him/her to participate in Chicago Training Center (CTC) approved field trips during the 2012 calendar year.

It is my understanding the organization will advise me by written or verbal notification of the nature, date, and time of each trip or activity in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

I understand that Chicago Training Center will be held harmless from any damages or claims which might arise from injuries out of any act or omission as a result of such trip or activity, other than negligence in the operation of a motor vehicle or use of excessive force in the administration of discipline.

AUTHORIZATION FOR TREATMENT

As the parent/guardian of the above named student, I hereby give authorization to the staff to take my child to an emergency room of the nearest hospital should, for any reason, they require any minor medical or surgical treatment and/or medication while participating in an approved field trip activity. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student.

I understand that staff will make attempts to notify me in all medical emergencies, and I will be contacted, if possible, for my permission if hospitalization or treatment of a serious nature is required.

I have read and understand the above and I freely give my consent and permission of all things contained herein.

Parent/Guardian Signature

Date

NOTE: This form is to be completed by the parent/guardian, returned to the CTC Executive Director, and remain as part of the student's permanent record folder for the current year.



Client Intake Form

FOR DELEGATE AGENCY USE ONLY:
 Carryover/Year: _____
 Staff Signature: _____

AGENCY NAME: _____

PROJECT NAME: _____

TYPE OF PROGRAM:

- (check one)
 Out-of-School
 Mentoring
 Counseling
 Homeless Youth
 YCDC

Participant Last Name First Name MI

ADDRESS: _____
 Number Direction Street Name Apt. No.

TELEPHONE NUMBER: _____

Chicago, IL _____ Homeless Youth

ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		GENDER: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		AGE:	BIRTHDATE:
RACE: (check one)		CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED:			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & White	DISABLED : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify			
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White				
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American & White				
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Indian/Alaskan Native & Black/African American				
<input type="checkbox"/> White	<input type="checkbox"/> Other Multi-Racial				

HEAD OF HOUSEHOLD INFORMATION				
FAMILY TYPE: (check one) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Independent Youth <input type="checkbox"/> Relative <input type="checkbox"/> Guardian	HOUSING STATUS: (check one) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	FOOD STAMPS: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	INCOME SOURCE (check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (Including SSDI, Child Support and VA Benefits) <input type="checkbox"/> SSI	
		FREE/REDUCED LUNCH: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
		HEALTH INSURANCE: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
SOURCE OF REFERRAL (Location that sent you)				

 Signature of Applicant Date

 Intake Worker's Signature Date

PARENT OR GUARDIAN'S STATEMENT: I certify that the above information is accurate and I give my permission for the above named to participate in this program.

 Signature* of Parent or Guardian Date

*Required for all participants 17 years of age or younger. Please refer to Income table to determine income level
 All attendee program records will be managed by the Cityspan system.

LEVEL OF FAMILY INCOME:*

CURRENT FAMILY SIZE	CURRENT INCOME

In the left column, **FAMILY SIZE**, determine the number of persons in your family and circle that number. To the right of that number, find the dollar amount of your family's **TOTAL** monthly income and again, circle that number.

FAMILY SIZE	EXTREMELY LOW INCOME (MONTHLY)	LOW INCOME (MONTHLY)	MODERATE INCOME (MONTHLY)	OTHER (MONTHLY)
1	\$0 - \$1,321	\$1,322 - \$2,200	\$2,201 - \$3,475	\$3,476+
2	\$0 - \$1,508	\$1,509 - \$2,513	\$2,514 - \$3,975	\$3,976+
3	\$0 - \$1,696	\$1,697 - \$2,829	\$2,830 - \$4,470	\$4,471+
4	\$0 - \$1,883	\$1,884 - \$3,142	\$3,143 - \$4,967	\$4,968+
5	\$0 - \$2,038	\$2,039 - \$3,392	\$3,393 - \$5,363	\$5,364+
6	\$0 - \$2,188	\$2,189 - \$3,646	\$3,647 - \$5,763	\$5,764+
7	\$0 - \$2,338	\$2,339 - \$3,896	\$3,897 - \$6,158	\$6,159+
8	\$0 - \$2,488	\$2,489 - \$4,146	\$4,147 - \$6,554	\$6,555+
Each additional person	\$150	\$250	\$383	

Source: City of Chicago – Office of Budget & Management Memorandum 3/9/2006 Low/Moderate Income Limits

Release of Liability

Fax: 609-924-1578



IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/10 – 12/31/11, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. I ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. I FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death (“Risks”); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Release named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. I AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. I HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, the Regatta, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

PLEASE DO NOT CHANGE OR ALTER THE WORDING ON THIS WAIVER WITHOUT PRIOR APPROVAL FROM USROWING

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant:

USRowing # _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Participant’s Signature: _____

Organization: _____

PARENTAL CONSENT

(if participant is under the age of 18).

AND I, the minor’s parent and/or legal guardian, understand the nature of rowing activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Printed Name of Parent/Guardian:

Address: _____

City _____ State _____ Zip _____

Phone: _____ Date: _____

Parent/Guardian Signature (only if participant is under the age of 18): _____

This is THE USRowing Release of Liability, which should be copied for your use.

IRONS OAKS ADVENTURE CENTER
A joint project of the Olympia Fields and Homewood-Flossmoor Park Districts
TEAMS COURSE, HIGH ROPES COURSE & TOWER

IMPORTANT INFORMATION

The Homewood-Flossmoor Park District and the Olympia Fields Park District are committed to conducting recreation programs and activities in a safe manner and hold the safety of participants in high regard. The Homewood-Flossmoor Park District and the Olympia Fields Park District continually strive to reduce such risks and insist that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **Irons Oaks reserves the right to deny participation to any participant.**

WARNING OF RISK

This Teams Course and the High Ropes Course are a series of challenging activities that engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including cervical spine injury and head/brain injury. Understandably, not all hazards and dangers associated with the Teams Course and the High Ropes Course can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, insect bites, inadequate or defective equipment, failure in supervision or instruction, premises defects and all other circumstances inherent to outdoor settings and recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Homewood-Flossmoor Park District and the Olympia Fields Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in the Teams Course and the High Ropes Course, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participating in any and all activities connected with or associated with the Teams Course and the High Ropes Course. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Homewood-Flossmoor Park District and the Olympia Fields Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Homewood-Flossmoor Park District and the Olympia Fields Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the Teams Course and the High Ropes Course.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. (Fax 708-481-1454)

PLEASE PRINT

Participant's Name

Parent/Guardian Signature

Adult Participant Signature

(Must be 18 years of age or older)

Date: _____

Organization Name:

PARTICIPATION WILL BE DENIED

*If the signature of the parent/guardian or adult participant and date are not on this waiver
DO NOT CUT or ALTER WAIVER IN ANY WAY*