



2008 ILLINI SUMMER ACADEMIES REQUIREMENTS FOR REGISTRATION

The attached forms must be submitted by the deadlines noted below for on-line registration for the 2008 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 15)-- Full Payment (If not paid via credit card on-line), Emergency Medical Form, Code of Conduct Agreement and Media Release Form must be received **no later than Friday, April 25, 2008**. Mailed payments must be made via check or money order, made out to the *University of Illinois*. (Credit card payments were only allowed/accepted during on-line registration.)

For Regular Registrations (after April 15) -- Full Payment (If not paid via credit card on-line), Emergency Medical Form, Code of Conduct Agreement and Media Release Form must be received **no later than Friday, May 30, 2008**. Mailed payments must be made via check or money order, made out to the *University of Illinois*. (Credit card payments were only allowed/accepted during on-line registration.)

Forms and any payments must be mailed to:

*Illini Summer Academies
302 E. John, Suite 1901
Champaign, IL 61820.*

REFUND POLICY

Cancellations prior to 5:00 p.m. on May 23 will receive a full refund.

Cancellations made between May 24 and May 30 (5:00 p.m.) 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 on the date specified in order to receive any portion of a refund. Requests may be faxed (217/333-9287) or e-mailed to Danielle Rice (djrice@uiuc.edu).

The 2008 Illini Summer Academies are sponsored by University of Illinois Extension 4-H Youth Development, in collaboration with the University of Illinois College of Applied Health Sciences; College of Engineering, Department of Aerospace Engineering; College of Veterinary Medicine; and College of Agricultural, Consumer and Environmental Sciences, Department of Natural Resources and Environmental Sciences.



UNIVERSITY OF ILLINOIS
EXTENSION



*University of Illinois • U.S. Department of Agriculture • Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.
The 4-H Name and Emblem are Protected Under 18 U.S.C. 707.*

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 adult chaperon.

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. 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 Convention 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 has the right to print photographs and take videotape and to use these for educational and promotional purposes. 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 University of Illinois and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes. 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 (next page)
and mail as directed by the required deadlines.**

DELEGATE'S NAME: _____

Address: _____
Street City State/Zip Code

Age: _____ Sex: F M Birth Date: ____/____/____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACT

Name: _____
Relationship

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.

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

Please provide any detailed information for any items above marked with a "Y". 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