



IL HPP New High School Chapter Training

for Chapter Advisors & Student Leaders

Is your school ready to start up their own HPP Chapter? Have you heard lots of great things about the program, but want to learn the basics? Join the IL HPP Team for a free, new-chapter training experience! This training will give student leaders and staff advisors an introduction to the components of the IL HPP program and a strong foundation to start a successful chapter. Attendees will have the opportunity to collaborate with other schools and brainstorm ideas for program planning and implementation. See firsthand how to jumpstart your HPP experience!

Chapter registration is restricted to twelve school chapter members. At minimum, one chapter advisor and four student leaders must be present. School chapter registration can be submitted online until 12/21/19. Individual permission forms from both student leaders and advisors will need to be submitted by 1/9/19. *Please bring a brown bag lunch* for our interactive lunch session.

Friday January 18, 2019: 9:00am-1:30pm

Location: Buffalo Grove Park District Community Arts Center

225 McHenry Rd., Buffalo Grove, IL

Space is limited

REGISTER YOUR CHAPTER:

By December 21: [here](#) or at
ilhpp.org/networking-events

**individual registration packets to be scanned & emailed by 1/9*

OMNI
youth services

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IL HPP Chapter Networking & Training Event

Event Registration Information:

Name: _____ High School: _____

Date of Birth: _____ Gender: _____ Grade: 9 10 11 12 Staff

Role: *Staff (circle roles that apply):* Teacher Coach AD Admin Other

Student (circle all activities involved in): Academic Club Athletics

Music & Performing Arts Extracurricular Clubs Community Volunteering

IL HPP Chapter Name: _____

Contact Information:

Participant: Email Address: _____

Cell Phone: _____

Home Address: _____

Student Participant's Parent/Guardian Name(s): _____

Parent Email Address: _____

Phone Numbers: Cell: _____ Home or Work: _____

Medical Information

Are there any medical problems, disabilities, or disorders that we must be informed of? Please describe.

Are there any medications being taken by the participant?

Are there any allergies? Be specific (foods, medicines, plants, pollens, animals, etc.).

Participant Signature

Date

Signature of Parent/Guardian (of students)

Date

Emergency Notification Form

I authorize Human Performance Project staff or volunteers to contact the person(s) identified below in the event of an emergency. I understand that such notification may necessitate that certain information regarding my condition or treatment be released, but only to the extent that said information is necessary to address the emergency. This consent will be in effect for the duration of my involvement with the Human Performance Project through OMNI Youth Services, but may be revoked or revised at my discretion through a written request delivered to the Program Director.

PERSON(S) TO BE CONTACTED IN THE EVENT OF AN EMERGENCY:

Primary Name & Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Alternate Name & Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Consent for Services and Release of Photographs/Videotape

If student participant: I / We, _____, (name of parents/guardians of student) hereby grant permission on behalf of:

Staff or Student participant name: _____, hereby grant permission to:

1. OMNI Youth Services/ Human Performance Project to provide me/my child student prevention programming and services. I understand that such permission may be revoked, in writing, at any time. As an OMNI Youth Services/ Human Performance Project, student service/program recipient, I have the right to refuse program services
2. OMNI Youth Services/ Human Performance Project to publish or release photographs or videotape of participant named above. Providing consent to OMNI Youth Services and Human Performance Project for releasing photographs and/or videotape is voluntary and will not impact the services I currently am involved in or may participate in the future. I / We understand that the photographs / videotape may be used for one or more of the following purpose(s): brochures/publications, advertisements, flyers, grant reports, OMNI Youth Services and/or Human Performance Project web page and/or social networking sites, office reception areas, and promotional videotapes. If you are opposed to one or more of these uses for the photo or videotape, place one line through the item and initial it. This consent is subject to written revocation at any time except to the extent that release or publication has already occurred. This consent must be revoked in writing to be considered invalid. I understand that these are photographs or videotape that may be taken while I engage in an OMNI Youth Services and/or Human Performance Project facilitated events. It is understood that a refusal to authorize the release of the photographs / videotape will prevent disclosure to the person / organization identified above.
3. Schools are responsible for holding students accountable to school trip standards as well as coordinating transportation to and from the event.

Participant Signature

Date
