

MARYVILLE YOUTH CENTER
5022 W. MADISON ST. CHICAGO, IL 60644
2026 PARTICIPANT REGISTRATION FORM

PARTICIPANT INFORMATION

Legal Name: _____ Goes by: _____
Date Of Birth: _____ Age: _____
Gender: **Male** Race: **Black or African American**
School: _____

CUSTODIAL PARENTS/LEGAL GUARDIANS INFORMATION (with whom the child lives most days)

NAME: _____
ADDRESS (including apartment number if applicable): _____
CITY: _____ STATE: _____ ZIP CODE: _____
CELL NUMBER: _____
EMAIL ADDRESS: _____

SECOND PARENT INFORMATION

NAME: _____ Check here if Authorized to Pick Up the Child
ADDRESS (including apartment number if applicable): _____
CITY: _____ STATE: _____ ZIP CODE: _____
CELL NUMBER: _____
EMAIL ADDRESS: _____

OTHER EMERGENCY CONTACT (if Parents/Legal Guardian cannot be reached):

NAME: _____ RELATIONSHIP : _____
CELL NUMBER: _____

NAME: _____ RELATIONSHIP : _____

CELL NUMBER: _____

CHILD MAY BE RELEASED TO:

NAME: _____ RELATIONSHIP : _____

CELL NUMBER: _____

*All adults, including parents, picking up a child must present valid identification every time they pick up the child. This is a safety practice for our youth and not intended to offend, disrespect, or inconvenience anyone. Youth will NOT be released to anyone for whom parents have not provided information, including non-custodial parents, stepparents, grandparents, siblings, etc.

**** this section must be filled out completely.**

Does Participant have any SPECIAL NEEDS or limitations to be accommodated, either physical or mental health? If "YES", PLEASE list them here:

NO

YES _____

Does Participant have any DIAGNOSED MEDICAL CONDITIONS? If "YES", PLEASE list them here:

NO

YES _____

Does Participant take any MEDICATIONS? If "YES", PLEASE list them here:

NO

YES _____

Does Participant have any ALLERGIES (INCLUDING TO MEDICINE)? If "YES", PLEASE list them here:

NO

YES _____

MEDICAL PERMISSION AUTHORIZATION

I give my consent for my child _____ to be transported to and receive medical treatment from a hospital or other medical care facility as might be appropriate in the case of a medical emergency.

My preferred hospital is: _____

I will provide the Youth Center with all current medical information in order for my child to receive the most appropriate care. In the case of a medical emergency, I authorize the Youth Center to disclose and receive from any attending medical provider(s) medical information regarding my child(ren). I understand that if my child(ren) becomes sick, I may be asked to pick him/her up from the center. I authorize the staff to administer first aid as necessary.

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING MARYVILLE ACADEMY/ CYO (AND ITS OFFICERS, DIRECTORS, EMPLOYEES & VOLUNTEERS), FROM ANY AND ALL CLAIMS.

Signature of Parent/Legal Guardian: _____

**ACKNOWLEDGMENT OF
MARYVILLE YOUTH CENTER
POLICIES & PROCEDURES
AND CONSENT TO PARTICIPATE**

By signing below, I confirm and acknowledge that I have read, understood, and agree to abide by the policies, procedures, rules and regulations of the Maryville Youth Center, as outlined in this document. I also acknowledge that it is my responsibility to make sure my child(ren) understand and adhere to these guidelines and that failure to do so may result in disciplinary action, suspension or termination from the Youth Center.

I consent for my child to participate in activities at the Maryville Youth Center.

I understand that this consent is voluntary and that I may withdraw my consent and terminate my participation in services at any time.

I understand that I have the responsibility to treat Maryville staff, other participants, visitors, or property with dignity and respect.

I understand that engaging in verbally and physically aggressive behaviors may constitute grounds for discontinuing services.

Child's Name (Please Print): _____

Parent / Legal Guardian Name (Print): _____

Parent / Legal Guardian Signature: _____



MARYVILLE ACADEMY PHOTO CONSENT AND WAIVER

I hereby consent for Maryville Academy to take photographs/video recordings/audio recordings of me or my child (If signing for a minor), and to use such photographs/video or audio recordings on the Maryville website, on other websites or publications, promotional flyers, educational materials, derivative works, and for any other similar purpose without compensation to me.

I understand that such photographs or recordings may be placed on the internet. I waive the right to approve the final product.

I agree that all photographs, video recording and audio recordings shall remain the property of Maryville Academy.

I understand that my execution of this Consent and Waiver is **strictly optional and voluntary on my part**. I further understand that **I may rescind this Consent and Waiver at any time upon written notice to Maryville Academy of my intent in that regard**. If I am consenting on behalf of my child who is a minor. My consent expires with his/her 18th birthday unless I am appointed as his/her legal guardian. I understand that my services will not be impacted by my decision to opt out or rescind my consent,

_____	_____
Printed Name of Individual Photographed/Recorded	DOB (if under 18 years)
_____	_____/_____/_____
Signature of Individual Photographed/Recorded	Date

If signing on behalf of a minor child (under the age of 18), I certify that I am the parent/guardian of the child named above.

_____	_____
Signature of Parent/Guardian	
_____	_____
Signature of Witness	Date

PARTICIPANT RIGHTS

Welcome to Maryville Academy. We want to be sure that your rights are protected and that you are notified of your rights, including those in the Illinois Mental Health and Disabilities Code, sections (a) and (b). These are your rights:

GENERAL RIGHTS

1. You have the right to be free from physical, emotional or sexual abuse or exploitation. You have the right to be free from neglect, which means that you have a right to basic necessities, such as adequate shelter, clothing, food and necessary medical care.
2. You cannot have any services, rights, benefits or privileges guaranteed by law denied, terminated or reduced solely because of your age, gender, LGBTQI status, race, religious belief, ethnic origin, cultural identity, marital status, HIV status, perceived or actual existence of mental health or developmental disabilities, unrelated to present dangerousness, or because you have exercised any right.
3. Maryville Academy will maintain the confidentiality of your case records, your treatment records and your medical records in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Mental Health and Developmental Disabilities Confidentiality Act, the Substance Use Disorder Act and any and all other applicable Illinois or Federal laws or regulations. However, we may have to report even confidential information if it is necessary to protect human life or safety or to protect a child from abuse or neglect or to report a crime committed here or against a staff person. You have the right to be informed when confidential information has been released.
4. You have the right to review your own records unless it is detrimental to your well-being or safety.
5. You cannot be presumed to be legally incompetent or legally disabled except as determined by a court of law.
6. You cannot be physically restrained except to prevent significant harm to yourself or others. You cannot be physically or medicinally restrained as discipline, punishment or for convenience.
7. You have the right to safe, adequate and humane care, including mental health services, that preserve your personal dignity in the least restrictive environment possible. You have the right to be offered the most appropriate and least restrictive and least intrusive intervention available.
8. You have the right to have culturally sensitive and appropriate services provided to you in a language that you are comfortable with and in a manner designed to accommodate any sensory impairments or other disabilities that could affect your access to services.
9. You have a right to reasonable accommodation for any disability in accordance with the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act (775 ILCS 5).

By signing below, I acknowledge that I have received the Client Rights statement.

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Signature: _____

GRIEVANCE PROCEDURE

Child Name:

Child Date of Birth:

Maryville's goal is for all clients and participants to be satisfied with the services they receive. If you disagree with a decision about the services you are receiving, believe that you have not received sufficient services, or feel that you have been discriminated against. This grievance procedure will provide a way to address these concerns. Please discuss your concerns with the staff involved as soon as possible. If that conversation cannot resolve the problem, this procedure is provided for you.

Please take a few moments to read and understand the Grievance Procedure outlined below. This Grievance Procedure document is always available. You may request a copy at any time.

- All clients/participants and their legal guardians or parents have the right to file a complaint or grievance. If you have not been able to resolve an issue through conversation within the program, please notify the program supervisor in writing or verbally within 5 days. Please be prepared to provide details of the nature of your complaint, including the date and time of the occurrence and the names or descriptions of the Maryville staff involved.
 - Upon your request, Maryville will provide you with assistance to thoroughly communicate the nature of your complaint of grievance to the program supervisor.
 - Any person who submits a complaint or grievance will not be denied services that they are entitled to receive, nor will they be treated differently because they filed the grievance.
- The program supervisor will notify you of a decision as soon as possible, but no later than 5 days from the time you submit the grievance.
- If you are not satisfied with the decision made by the program supervisor, you may ask to have your concerns brought to the Program Director for review.
- The Program Director will review everything you have submitted in writing and any other documents that are relevant and respond to you no more than 5 days after receiving the documents.
- If you are still unhappy with the decision of the Program Director, you may ask to have the Executive Director (or designee) review your grievance.
- The Executive Director (or designee) will review your grievance and respond to you within 5 days after receiving the request. This decision is the final decision of Maryville Academy.
- Maryville will maintain a copy of the records concerning this complaint or grievance, and its outcome, in your file.

If you would like to have your grievance reviewed by another entity, you have the following options available to you:

1. Illinois Guardianship & Advocacy Commission
<https://gac.illinois.gov/>
160 N. LaSalle St., Suite S500, Chicago, IL 60601
Statewide General Information:
1-866-274-8023 / TTY: 1-866-333-3362
After Hours
1-866-503-9078

2. Equip for Equality, Inc
<https://www.equipforequality.org/>
20 Michigan Ave #300, Chicago, IL 60602
(312) 341-0022

3. DCFS Service Appeal
<https://www.illinoislegalaid.org/legal-information/appealing-dcfs-decision>
Bureau of Quality Assurance
State of Illinois Center
100 W Randolph, Suite 6-200, Chicago, IL 60601
312.814.6800

4. DHS appeals
<https://www.dhs.state.il.us/page.aspx?item=80561>
Bureau of Hearings
69 W Washington, 4th Fl., Chicago, IL 60602
800.435.0774
877.734.7429
TTY: (800) 435-0774

I have read the Grievance Procedure and understand my right to file a complaint with the Program management and the Executive Director. I understand that if I chose to do so, the services for me or my child(ren) will not be denied, reduced, suspended or terminated for that reason.

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Signature: _____

Witness Name (Print): _____

Witness Signature: _____ Date: _____