



802 North Side Square, Clinton IL 61727 (309) 212-7332

## STUDENT APPLICATION

**\*\*CONFIDENTIAL\*\***

### OFFICE USE ONLY:

Date Received: \_\_\_\_\_  
Card Sent: \_\_\_\_\_  
Date Returned (if applicable): \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Notes: \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS

The Vault is a private entity that serves students without regard to race, color, sex, age, residency, national or ethnic origin, religion, sexual orientation, ancestry, or any protected status. To qualify for programs and events at The Vault, students must meet the criteria listed below. Otherwise qualified persons are not subject to discrimination. Participants at The Vault must...

- Be in 6th-12th grade (i.e. the summer before entering 6th grade through the summer after graduating 12th grade) OR up through age 19.
- Adhere to The Vault's expectations listed below.
- Be able to function independently during programs and events and communicate effectively with adults and other students,
- Not require The Vault to make fundamental alterations to and/or disrupt the harmony of programs, activities, and/or events, and
- Not undermine the safety of staff, volunteers, students, or themselves.

### EXPECTATIONS

#### What You Can Expect from Us

1. We will treat you with respect.
2. We will make The Vault a welcoming, safe, and fun environment.
3. We will give you one warning if you are doing something you shouldn't be doing.
4. We will encourage you to be the best person you can be.
5. We will be here for you if you are struggling.

#### What We Will Expect from You

1. You will treat others with respect.
2. You will not damage anything or hurt anyone at The Vault – either intentionally or unintentionally (i.e., horseplay).
3. You will stop what you are doing immediately, take responsibility for your actions and not do it again. (If you make the choice to continue the action or behavior, there will be consequences.)
4. You will receive advice and warnings from mentors with respect and will not talk back or argue.
5. You will let us know if you need help or if you need someone to talk to!

For any student unable to adhere to these eligibility requirements and expectations, with repeated or extreme infractions, The Vault reserves the right to contact the student's guardian/parent(s) and/or authorities. The Vault also reserves the right to revoke student privileges for Vault entry and participation, when needed. The Vault reserves the right to deny service at any time if any of the above eligibility requirements and expectations are not met, or for any reason, including actions of the student, parent, or guardian.

Eligibility requirements are subject to change without notice and are posted on our website for review.

The Vault is a substance-free and weapon-free facility.

### PERSONAL INFORMATION

*This information will NOT be shared outside of The Vault.*

Student's Name (first and last): \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's Home Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Birthdate (Month/Day/Year): \_\_\_\_\_

Student's Gender: ☐ Male ☐ Female Student's School: \_\_\_\_\_ Grade (circle): 6 7 8 9 10 11 12

Student's High School or intended High School: \_\_\_\_\_

Race/Ethnicity: ☐ Black/African American ☐ White/Caucasian ☐ Hispanic/Latino ☐ Asian ☐ Multi-Racial ☐ Other: \_\_\_\_\_

Home Address: (Student & Parent/Legal Guardian's Home Address): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Legal Name (first and last): \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_ Parent/Guardian Home or Work Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Best way to contact Parent/Guardian: ☐ Cell phone ☐ Email ☐ Other: \_\_\_\_\_

#### Emergency Contact Other Than Parent: (In case of emergency when the parent/guardian cannot be reached.)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student and Parent/Legal Guardian must read and sign below. It is the responsibility of the student and parent/guardian to disclose ALL relevant information. (This data will help us fund some of our programs.)

HEALTH CONDITIONS AND SPECIAL NEEDS

Additional information or physician's clearance may be required.

NO Health Conditions/Needs

☐

ADHD / ADD

(Must be Medically Diagnosed)

☐

Asthma / Allergies

Mild / Moderate / Severe (Require Epi-Pen?)

☐

Communicable Diseases

(i.e. HIV, Hepatitis, Lice, etc.)

☐

Diet or Activity Restrictions

☐

Medications

☐

Seizure Disorder

Date of Last Seizure: / / Seizure Type:

☐

Diabetes

Type I / Type II

☐

Wheelchair User

Does student have an IEP (Individualized Education Program) at school? Yes No (If yes, consultation with staff is needed before student is allowed to attend any programs/events.)

Does the applicant have any diagnosed or undiagnosed special needs in the following areas?

Physical:

Yes

No

If yes, please explain:

Learning:

Yes

No

If yes, please explain:

Behavioral:

Yes

No

If yes, please explain:

DEMOGRAPHICS

Number in Household:

Household includes:

Both parents

Mother

Father

Step-parent

Grandparent

Guardian

Other

Household Income:

\$0-\$9,000

\$9,001-\$12,000

\$12,001-\$15,000

\$15,001-\$19,000

\$19,001-\$23,000

\$23,001-\$28,000

\$28,001-\$32,700

\$32,701-\$37,500

\$37,501-\$42,000

Over \$42,000

AUTHORIZATION OF MEDICAL TREATMENT

Parent/Legal Guardian needs to read and sign below.

I, parent and / or legal guardian of the aforementioned minor, hereby authorize and give my consent that in my absence or inability to be reached or be present that the above named minor be admitted to any medical facility for diagnosis and treatment. In the event of an emergency I authorize transportation of my child via ambulance and any and all medical treatment by ambulance staff and all emergency personnel. I hereby request and authorize any duly licensed medical staff to perform any and all medically necessary procedures on the above minor. I hereby authorize that in my absence or inability to be reached that The Vault and or its representative be granted the authority to make any and all necessary medical decisions (using best judgment and upon advice of such medical or emergency personnel) for my minor child and hereby agree to hold The Vault and/or its personal representatives, agents, assigns and/or directors harmless for the resulting consequences of such decisions. I recognize that as a result of medical treatment and care, costs may be incurred. I hereby recognize and acknowledge any medical payments and / or costs for such medical treatment incurred, including but not limited to deductibles, medical services, prescriptions and co-payments, are my responsibility. I agree that under no circumstance will I seek any contribution from The Vault, their insurer or hold them responsible for any costs as a result of medical expenses occurred for treatment.

X Parent / Legal Guardian Signature:

Date:

PERMISSION TO TRANSPORT

I give permission for my child to be transported as necessary to off-site Vault events.

X Parent / Legal Guardian Initials:

RELEASE AGREEMENT

Both Student and Parent/Legal Guardian must read and then sign below.

In consideration of participation at The Vault, we, the undersigned parent/legal guardian and student ("Releasor Student") (the parent / legal guardian and Releasor Student shall be individually and collectively referred to herein as "Releasors"), hereby agree to indemnify and hold harmless and covenant not to sue The Vault or its employees, agents, successors, assigns, volunteers, officers, and directors (individually and collectively referred to herein as "Releasees") and hereby waive, release and discharge Releasees from any and all claims for loss or damage, death, personal or bodily injury, or property damage which Releasors may have or which hereinafter may accrue to Releasors against Releasees and for any liability arising out of or connected in any way with Releasors' participation with The Vault. Releasors hereby agree to indemnify and hold harmless and release from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from or relating to involvement in any activity at The Vault or involvement with The Vault, whether caused by any negligent act or omission of the Releasees or otherwise. It is further understood and agreed that this waiver and release has been entered into freely and will be binding upon Releasors and their heirs, successors, and assigns. Releasors expressly agree that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by Illinois law and that, if any portion of this agreement is held invalid, void, or unenforceable for any reason, it is agreed that the balance or remainder shall, notwithstanding, continue to be in full legal force and effect. By signing this document, Releasors agree to allow images of Releasor Student (video, photo, and/or other digital media) captured during programs/events to be utilized in printed materials, media materials, and/or online. Releasors agree to waive any rights of compensation or ownership of these images. Releasor Student's name will not be publicized in conjunction with these images, unless an authorized representative of The Vault receives verbal or written permission. The Vault is not liable for images of your child (including Releasor Student) that are "tagged" or posted by other individuals on social media or other websites.

I, as Releasor, acknowledge I have read and agree to the eligibility requirements, expectations, program policies, and permissions. By signing below I acknowledge I have read this document (Student Application, including this Release Agreement), understand its contents, and agree to same.

X

Student Signature

Date

X

Parent / Legal Guardian Signature

Date