



2015 H3 Cincy – Hoops, Heart, Hope/CRC Application

Office of Police Chief Jeffrey Blackwell
310 Ezzard Charles Drive
Cincinnati, Ohio 45214
513-352-1279

Boys Hope Girls Hope Cincinnati
1725 Riverside Drive
Cincinnati, OH 45202
513-721-3380

The 'H3 Cincy – Hoops, Heart, Hope.' Program provides high-level educational, recreational, and mentoring opportunities for Cincinnati youth ages 12-18. Through the game of basketball, program attendees will learn valuable life skills to prepare them for the game of life. Participants will engage in fun, positive activities centered around learning and competition.

Name _____ Date of Birth: _____

Name of Parent/Guardian _____

Street Address _____

City _____ ST _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address _____

School Attending: _____

Shirt Size: M L XL 2XL

Shoe Size: _____

Gender M / F

Site Locations: (Rank Choice 1-5)	<input type="checkbox"/> Evanston Rec Center (3204 Woodburn Avenue, Cincinnati, OH 45207)
	<input type="checkbox"/> Hirsch Rec Center (3630 Reading Road, Cincinnati, OH 45229)
	<input type="checkbox"/> Lincoln Rec Center (1027 Linn Street, Cincinnati, OH 45203)
	<input type="checkbox"/> Price Hill Rec Center (959 Hawthorne, Cincinnati, OH 45205)
	<input type="checkbox"/> Winton Hills Rec Center (5170 Winneste, Cincinnati, OH 45232)

Enrollment is limited. Registration forms will be taken on a "first come-first served" basis until 2/13/15.

For more information or to register contact Officer Scott Johnson at scott.johnson@cincinnati-oh.gov
Applications can be returned to the attention of Officer Scotty Johnson at Cincinnati Police Headquarters
310 Ezzard Charles Drive, Cincinnati OH 45214. Applications can also be faxed to (513) 352-4876,
Online registration also available at www.bhghcincinnati.org.





RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER

_____ (Child's Name) desires to participate in the 'H3 Cincy – Hoops. Heart. Hope.' program. I and my child are fully aware of the fact that there are special dangers and risks associated with participation with any activity, including but not limited to the potential for falls, slips, sprains, broken bones. Serious injury may also occur as a result of certain playing conditions inherent with playing games indoors. Serious injury or sudden death may also occur as a result of improper use of equipment.

I certify that I am the parent/legal guardian of the above-named child; that I have read and understand the Release of Liability and Assumption of Risk Agreement. I certify that I have explained the risks and dangers to my child. It is my intention by signing this document to exempt and relieve the City of Cincinnati, the Cincinnati Police Department, Boys Hope Girls Hope Cincinnati and their officers and agents from liability for personal injury, property damage or wrongful death caused to my child participating in this program. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my son/daughter be permitted to participate in the 'H3 Cincy – Hoops. Heart. Hope.' program. I also provide permission for my child's school to release grades, attendance, promotion, and discipline data.

I additionally understand that any equipment issued to my child in connection with this program is the property of the 'H3 Cincy – Hoops. Heart. Hope.' and will be returned to the department after the conclusion of my child's participation in the 'H3 Cincy – Hoops. Heart. Hope.' program.

I also acknowledge that I as the parent/guardian am responsible to provide transportation for my child, to and from the program site or grant permission for transportation if needed. Further, I understand that the Cincinnati Police Department and Boys Hope Girls Hope Cincinnati cannot assume any responsibility for my child after the conclusion of each program session and that my child must be picked up at the conclusion of each session.

I accept full responsibility for my child's medical bills, if any, and all other associated expenses as a result of injuries or illness sustained while my child is parting in the 'H3 Cincy – Hoops. Heart. Hope.' program. The above-named student for whom I am the parent or legal guardian is in good physical and mental condition or disability that might render participation in the 'H3 Cincy – Hoops. Heart. Hope.' program hazardous to him/her or to others. I agree to provide a signed medical release from a physician or request that a physical be provided for my child.

I hereby acknowledge that I have read the forgoing documents, have been completely advised of the potential health risks and dangers my child may encounter as a result of his/her participation in the 'H3 Cincy – Hoops. Heart. Hope.' program. I have been informed and am fully aware of the legalities I am acknowledging by signing this written document.

Address of Residence: _____
(Please print legibly)

Home Phone: _____ **Work Phone:** _____

Name/Signature Parent/Guardian _____ **Date** _____

Participant Signature _____ **Date** _____

Medical Information:

If I cannot be contacted and a reasonable effort has been made to do so, I authorize the Cincinnati Police Department, Boys Hope Girls Hope Cincinnati, coaching staff, and/or volunteers to act on my behalf. I further authorize my son/daughter to be transferred and admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary. I request and authorize any duly licensed Doctors of Medicine, Doctors of Dentistry or other such licensed health care providers to perform any diagnostic, treatment, or operative procedures including x-ray diagnosis of my child. I assume responsibility for the payment of any such transfer and treatment.

Preferred Hospital _____

Person to be contacted if I am unavailable _____ Relationship _____

Contact Numbers: Primary _____ Secondary _____

Is student covered by medical insurance policy? Yes _____ No _____

Insurance Carrier: _____ Policy #: _____