

*Please join the Cincinnati Police Department & Boys Hope Girls Hope*



**REGISTRATION OPEN!**

***FEBRUARY 27, 2015***

Please SAVE THE DATE!

Join BHGH and the Cincinnati Police Department at the 2<sup>nd</sup> Annual H3 Cincy Program's **kick-off pep rally** at **Cincinnati State Technical & Community College**. H3 Cincy, a city-wide youth outreach & enrichment program, is a **10-week educational & athletic program** for inner-city kids **ages 10-18**.  
**Registration open 1/1/15 through 2/16/15.**

PROGRAM WILL RUN 2/27/15-5/15/15, ACTIVITIES TO INCLUDE:  
Basketball coaching and team play at (5) CRC Rec Centers • **Food**  
• Presentations by Chief Jeffrey Blackwell and BHGH • **Awards** for  
parents and kids • Raffles • PhotoVoice competition •  
Complimentary uniforms and gym shoes for players



**Boys Hope Girls Hope**  
Cincinnati

For more information, call 513-721-3380



## 2015 H<sup>3</sup>Cincy (Hoops. Heart. Hope.) Program/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 H<sup>3</sup>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

**Each participant will be provided a CRC membership which can be used at any CRC Recreation Center. This application can be used to apply for membership.**

**Site Locations:**

- (Rank Choice 1-5) \_\_\_\_\_ Evanston Rec Center (3204 Woodburn Avenue, Cincinnati, OH 45207)
- \_\_\_\_\_ Hirsch Rec Center (3630 Reading Road, Cincinnati, OH 45229)
- \_\_\_\_\_ Lincoln Rec Center (1027 Linn Street, Cincinnati, OH 45203)
- \_\_\_\_\_ Price Hill Rec Center (959 Hawthorne, Cincinnati, OH 45205)
- \_\_\_\_\_ 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 2/16/15.**

For more information or to register contact Officer Scott Johnson at [scott.johnson@cincinnati-oh.gov](mailto: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](http://www.bhghcincinnati.org).



**RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER**

\_\_\_\_\_ (Child's Name) desires to participate in the H<sup>3</sup>Cincy - Hoops. Heart. Hope. Program (H<sup>3</sup>Cincy 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 release, exempt and relieve the City of Cincinnati, the Cincinnati Police Department, Boys Hope Girls Hope of Greater Cincinnati, Inc. (Boys Hope Girls Hope Cincinnati) and their directors, trustees, employees, officers and agents from any and all liability of any type or nature including liability for personal injury, property damage, wrongful death or any other claim resulting directly or indirectly from my child participating in this program. I have voluntarily chosen to allow my child to participate and, on his or her behalf, assume all such dangers and risks. I request that my son/daughter be permitted to participate in the H<sup>3</sup>Cincy 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 H<sup>3</sup>Cincy Program and will be returned to the department after the conclusion of my child's participation in the H<sup>3</sup>Cincy 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 H<sup>3</sup>Cincy Program. The above-named student for whom I am the parent or legal guardian is in good physical and mental condition and does not have any disability that might render participation in the H<sup>3</sup>Cincy Program hazardous to him/her or to others. If required, I agree to provide a signed medical release from a physician.

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 H<sup>3</sup>Cincy 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 #: \_\_\_\_\_