



3033 W. Touhy Ave. • Chicago, IL 60645

T: (847) 676-0078 • F: (847) 676-0574

www.responsecenter.org

Dear North Shore Operation Snowball Participant:

We are excited to hear that you will be with us at Camp Chi's Perlstein Resort and Conference Center in Lake Delton, Wisconsin on February 22nd -24th, 2019! Snowball is a 3-day trip that is planned and led by teens that will give you the chance to connect with students from all over the Chicagoland area. With support from Response staff, our Teen Leaders facilitate a weekend full of fun activities and interactive workshops on topics that are important to you, including diversity, leadership, healthy relationships and social justice. To register, please complete all of the included forms and mail, fax, or drop them off at Response (address listed above) once **completed and signed by you and a parent or legal guardian**.

Please take some time to look these over and fill them out completely. All forms and the registration fee of \$200 (some complete and partial scholarships are available—see payment page for info) must be submitted by **Friday, February 1st**. If all spots are filled, there will be a waiting list. **No one may attend the Operation Snowball weekend without returning these forms.**

If you have any further questions, please contact Snowball Adult Director: Lisa Ehrlich (773-516-5506) regarding scholarships/financial aid.

Participants will choose one of the following locations for pickup/drop-off by charter buses:

1. Response:3033 W Touhy, Chicago IL (**Pickup** 7:30am Friday, February 22nd / **Drop-off** 4:30pm Sunday, February 24th)
2. Highland Park High School: 433 Vine Avenue, Highland Park, IL (**Pickup** 8:00am Friday, February 24th / **Drop-off** 4:00pm February 24th)

In addition, make sure to have a parent/guardian notify your school of your absence on Friday 2/22, so you are excused.

The following checklist will help you prepare for the weekend:

You will need to bring:

- Clothing and shoes that are appropriate for the weather** (boots, coats, layers—it will be cold! Think snow ball fights!)
- Soap/shampoo, etc.
- Toiletries, flip flops for the shower
- Ear Plugs (for sleeping)
- Any prescribed medication (must be in original container and turned in to medical staff upon arrival)

You may also bring:

- Poetry/special readings
- Musical instruments
- something for the talent show (can you juggle?)

***Pillows, sheets, blankets, and towels are provided by Perlstein Resort and Conference Center for all participants.**

Snowball is not responsible for items lost during the weekend! Please do not bring valuable belongings. Snowball is a gadget free weekend. The use of cell phones and other electronic devices is limited to designated times.

PLEASE DETACH THIS PAGE AND KEEP FOR YOUR REFERENCE

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EMPOWERING TEENS TO MAKE HEALTHY LIFE CHOICES

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**NORTH SHORE OPERATION SNOWBALL:
PARENTAL PERMISSION AND WAIVER FORM**

_____ has my permission to take part in North Shore Operation Snowball
(Participant's name)
at Camp Chi's Perlstein Resort and Conference Center in Lake Delton, Wisconsin on February 22nd-24th, 2019.
The participant will be traveling by bus to Perlstein on Friday, February 22nd, and will be returning Sunday,
February 24th.

PLEASE CHECK THE BOX NEXT TO ONE OF THE FOLLOWING PICKUP/DROPOFF OPTIONS:

- Response Center: 3033 W Touhy, Chicago IL 60645
Arrive at Response by 7:30 am on Friday, February 22nd
Return to Response at 4:30 pm on Sunday, February 24th

OR

- Highland Park High School: 433 Vine Avenue, Highland Park, IL 60035
Arrive at HPHS by 8:00 am on Friday, February 22nd
Return to HPHS at 4:00 pm on Sunday, February 24th

North Shore Operation Snowball cannot assume responsibility for the safety and welfare of participants beyond reasonable provisions for their supervision by members of our staff.

Your signature below constitutes and is evidence of your agreement:

(1) To assume general liability for the participation of your child in this program, and (2) to indemnify, hold harmless, and release North Shore Operation Snowball staff from any and all claims, suits, causes of action (including any made or brought by your child) or liability arising directly or indirectly from your child's participation in the activity named above, including reimbursement of reasonable attorney's fees incurred with the same.

Parent's/Guardian's Signature

Date



CONSENT TO PHOTOGRAPH, AUDIOTAPE, AND VIDEOTAPE

I/we, _____ authorize personnel of Response to photograph,
(Parent/Guardian name)
audiotape, or videotape sessions involving _____.
(Snowball Participant name)

I/we agree that the photographs, audiotapes, and videotapes are the property of Response and that Response Center may use all or part of the photographs, audiotapes, and videotapes solely for the purpose of marketing Snowball and Response.

I/we understand that I/we may inspect such photographs, audiotapes, or videotapes upon request.
I/we understand that I/we have the right to revoke this consent (except to the extent that action has already been taken in reliance on it) at any time by giving written notice to Response.
It has been explained to me/us that a refusal to consent will not affect my/our teen participating in Snowball.
I/we understand that the use of photographs, videotapes, and audiotapes are subject to Federal and State Confidentiality laws and the policies of Response.

(Signature of Parent/Guardian) (Date)

(Signature of Snowball Participant) (Date)

If you DO NOT consent to photograph, audiotape, and videotape please check the below box and sign above.

By checking this box I am **refusing** to consent to photograph, audiotape, and videotape.
Please know that this applies only to pictures taken by Response staff; we cannot guarantee that participants will not appear in pictures they choose to take with one another.



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DEMOGRAPHICS QUESTIONNAIRE

(Please provide information for your primary household if you have more than one)

1. PARTICIPANT NAME: _____

2. CELL PHONE NUMBER: _____

3. NAME OF SCHOOL PARTICIPANT CURRENTLY ATTENDS: _____

4. PRIMARY LANGUAGE: _____

5. Sexual Orientation: _____

6. ETHNIC ORIGIN: _____

7. FAMILY RELIGION: _____

8. PARENT(S)/GUARDIAN(S) NAME: _____

9. PARENT(S)/GUARDIAN(S) PHONE: _____

10. # OF MEMBERS IN HOUSEHOLD: _____

11. ANNUAL HOUSEHOLD INCOME: _____



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NORTH SHORE OPERATION SNOWBALL MEDICAL INFORMATION FORM (CONFIDENTIAL)

Participant Name _____ Age _____ Gender _____

Address _____ City _____ Zip _____

Phone _____ Birth Date _____

Participant Email _____

Height _____ Weight _____

Parent/Guardian(s) Name(s) _____

Address (if different) _____ City _____ Zip _____

Home phone _____ Work phone _____

Other than parent/guardian, indicate an individual to contact in case of emergency:

Name/Relationship to Teen _____ **Phone** _____

Family Physician _____ Phone _____

Address _____ City _____

Is the participant a ward of DCFS? No Yes

Has your child had a physical exam in the last year? _____

If so, by whom? _____

Is there anything in your child's medical history that we should be aware of (including asthma, epilepsy, alcohol/drug addiction, diabetes...):

Are your child's immunizations up to date? _____

Does your child have any physical limitations? If so, please explain:

Does your child have any special dietary needs (i.e., vegetarian, food allergies)? If so, please describe:

(Please note: All food provided by Perlstein Resort & Conference Center is kosher under the supervision of the CRC)

Are there any mental health issues that your child has experienced, past or present, that our staff should be aware of? (such as depression, self-harm, eating disorders, ADHD etc.)

Does your child have any allergies? If yes, please list and indicate reaction:

Is your child allergic to any medications? If yes, indicate which medication(s):

Is your child currently taking any prescribed medications? If so, please indicate type of medication, reason for taking, dosage and when medicine is taken:

Medication:	Reason:	Dosage:	When taken:

ATTENTION: ALL MEDICATIONS ARE TO BE BROUGHT IN THEIR ORIGINAL CONTAINERS AND TURNED IN TO THE MEDICAL STAFF AND/OR A RESPONSE EMPLOYEE AT REGISTRATION ON FRIDAY MORNING, MAY 12th. BOTH THE MEDICAL STAFF AND A DESIGNATED RESPONSE EMPLOYEE WILL ADMINISTER THE MEDICATION DURING THE WEEKEND.

If there are any non-prescription medications (e.g., Advil, cold medicines, etc.) that we **MAY NOT** dispense to your child, please list them here:

I have carefully reviewed the above information and state that it is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

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MEDICAL RELEASE

In the event of an emergency I will release any information requested of me regarding _____ to the Staff Medical Provider or Adult Directors of North Shore Operation

(Print participant's name)

Snowball, and in so doing, I also give my permission to seek medical aid. I will cover any financial responsibilities incurred. I will not hold the staff of Camp Chi's Perlstein Resort and Conference Center or the staff of the 2019 North Shore Operation Snowball liable for any injury or damage except in case of proven negligence.

Signed _____ Date _____
(Signature of parent/guardian)



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Paying for Snowball

Each Snowball 2019 participant is expected to make a **payment of \$200**, which covers the following weekend expenses:

- 3 meals per day + snacks
- Lodging
- Transportation to and from Snowball on charter buses
- Camp activity materials
- Snowball T-Shirt
- Professional support staff (medical staff, social worker, adult leaders)

Please fill out this form and attach payment of \$200 by cash or check, or provide credit card information

(See below for scholarship information)

Name of Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

I am paying with (please indicate one): Cash _____ Check (made out to Response) _____
Credit Card ____ (MasterCard or Visa only)

Credit Card Information (if selected): Name on card _____

Card Number _____

Expiration Date: _____

If you would like to make a tax deductible donation to the Snowball scholarship fund to help ensure every teen can attend the Snowball weekend, please include a separate check with the donation amount made out to Response.

Thank you for your generosity.

If you are unable to afford the full \$200 fee:

Instead of filling out this page, please download and fill out the scholarship application located on the Snowball homepage, and submit that application along with your registration packet: visit www.responsecenter.org and click "Snowball." You will be notified about the status of your request within one week of returning your forms.

Questions or concerns? Please contact Lisa Ehrlich (773-516-5506)/ lisaehrlich@jcfs.org

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NORTH SHORE OPERATION SNOWBALL EXPECTATIONS AND GUIDELINES FOR THE 2019 WEEKEND RETREAT

1. Smoking and the use of alcohol or any other drugs, including e-cigarettes, are PROHIBITED at Snowball.
2. All prescription and non-prescription medications must be turned in to the Snowball Medical Provider at registration. They will be administered as indicated. **ALL MEDICATIONS MUST BE BROUGHT IN THEIR ORIGINAL CONTAINERS!**
3. Fireworks and weapons are not allowed at Snowball.
4. No pets are allowed at Snowball.
5. No televisions, laptops, gaming devices, etc. are permitted at the Snowball weekend. Cell phones/other electronic devices are allowed only during permitted times.
6. Sexual activity is not allowed at Snowball.
7. Participants will not be permitted to leave Camp Chi's Perlstein Resort and Conference Center or have guests up to camp to visit. In case of an emergency, any visitors to the Snowball site must register with one of the Snowball Adult Directors.
8. Housing is split into male identified housing, female identified housing, and gender neutral housing. Participants are not permitted in sleeping quarters besides their own room, and must always have an adult present. Please contact Lisa (773-516-5506) for information on gender neutral housing options.
9. Snowball will not be responsible for personal items lost or stolen. For this reason, it is strongly advised that you do not bring money and leave your valuables at home.
10. Participants will be expected to respectfully participate in ALL scheduled Snowball activities. Each participant's respective small group ADULT leaders must authorize non-participation in these activities. Small group Adult leaders also have the authority to remove non-respectful participants from activities.
11. Participants should notify their group leader, the medical staff, or the Adult Directors immediately in the event of any serious illness or injury. The participant's parent(s)/guardian(s) will be notified at once by the Snowball medical staff in the event of serious illness or injury.
12. Participants will be expected to adhere to ALL Camp Chi's Perlstein Resort and Conference Center and Snowball safety regulations.

Any infraction of these guidelines could result in a participant's parent(s)/guardian(s) being called or the participant being sent home, in which case **I understand I am responsible for picking up my participant from Camp Chi's Perlstein Resort and Conference Center in Lake Delton, Wisconsin.**

Please list the name and primary phone number of the individual who will pick up the participant in the event that they must be sent home:

Primary Pick Up Person's Name: _____ Phone number: _____
 Secondary Pick Up Person's Name: _____ Phone number: _____

I have read and agree to all of the above Snowball 2019 expectations and guidelines :

 (Signature of Snowball Participant) (Date) (Signature of Parent/Guardian) (Date)

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SNOWBALL TALENT SHOW



Saturday Night
February 23rd



**Showcase your talents at
Snowball!**

No worries if you don't feel like performing, but here's your chance to take to the stage!

- Bring your guitar
- Do a skit with your friends
- Sing a song
- Perform standup comedy
- Juggle or make balloon animals
- Perform your poetry
- Show us what you got!



Response Center
North Shore Operation Snowball 2019
The Tracy Hirshman Memorial Fund

Tracy Hirshman graduated from Niles North High School in 1990 and was an active member of Operation Snowball throughout her high school career. She continued her education at Ohio State University, but was unable to graduate because of a fatal car accident her senior year.

The Tracy Hirshman Memorial Fund grants an award and stipend every year to a Snowball Teen Leader who emulates some of the enthusiasm and friendship that Tracy embodied. The recipient is nominated by peers and is presented the award and stipend at the Snowball retreat. The Tracy Hirshman Award has become an important symbol of leadership in the Snowball community.

Although the award recipient need not have the exact characteristics that so many loved and respected in Tracy, the following provides a bit of insight into who she was as a person:

- Tracy had the ability to open herself to all types of people and welcome them into her life equally.
- Tracy had an immense energy and enthusiasm for the organizations she participated in, and she left her mark on each one.
- Tracy's laugh was contagious, and was often the source of other's joy.
- Tracy was a great friend who was very supportive and served as an inspiration to others.

This award will be presented on

Sunday, February 24th , 2019