

ADMINISTRATIVE OFFICE OF THE NINETEENTH JUDICIAL CIRCUIT



Division of Juvenile Probation/Detention Services

Lake County, Illinois

Depke Juvenile Justice Complex
24647 N. Milwaukee Avenue
Vernon Hills, IL 60061-1576
TDD: 847.634.3733
Fax: 847.634.3833
Phone: 847.377-7800

Dear Parent / Guardian:

Your child has been either ordered by the Court or is being requested by their Probation Officer to complete Jr's Challenge Course which is located next to the Juvenile Court Complex in Vernon Hills. Enclosed you should find a participant packet which needs to be reviewed, completed and signed by you and your child, along with some financial information. There will be a mandatory meeting for parent and participant held approximately one week prior to the course date at which time additional information will be provided and financial obligations can be completed. Please bring the completed participant packet and payment with you to the parent and participant meeting.

Parent and Participant meeting date/time: _____.

Low Course date/time: _____.

High Course date/time: _____.

We look forward to your participation and if you have any immediate questions please contact the assigned Probation Officer or you can contact Program Coordinators, Jesus Rodriquez (847-377-7920) or Mario Urbina (847-377-7905) .

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Jr's Challenge

The low course and high course will present physically and psychologically stressful situations that require responsible decisions upon which participants can utilize to build healthier and more productive lifestyles. It will be fun but minimizing risk is a priority. You will be participating in various activities with a group of your peers and/or family members. The setting will be different in that it will take place outdoors in a wooded area located next to the Juvenile Court Complex. You will need to dress appropriately depending on the weather conditions of the day. You may get your clothes soiled so do not wear your best attire and no open toe shoes are allowed.

Some of the goals and objectives of the Challenge Course include:

- To provide participants with an emotional and physical environment and challenge them to try beyond his or her own expectations or preconceived limitations.
- To help participants develop a higher level of self-awareness, increase self-worth and more confidence in their abilities to handle and grow from new experiences.
- To provide a positive team building experience.
- To enhance and develop leadership qualities.

Please understand that you must pay close attention to the facilitator's explanations and instructions for all the activities. Inappropriate behavior will not be allowed and may result in your expulsion from the program or cancellation of the activity.

PARTICIPANT MEDICAL INFORMATION

Date _____

Name _____ Age _____

Address _____

Home Phone _____ Work Phone _____

Insurance Company / Card # _____

PLEASE READ: This form is intended to remind facilitators and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, a heart condition or other condition, which might be aggravated by the event.

Please fill out the following information regarding your health history and any limitations or concerns you may have.

1. LIST ANY PRE-EXISTING INJURIES (ankle, knee, back, shoulder, etc.) THAT MAY BE AGGRAVATED BY YOUR PARTICIPATION.

2. LIST ANY CURRENT MEDICATION YOU ARE TAKING OR HAVE TAKEN IN THE PAST 24 HOURS. INCLUDE USE OF ANY INHALER FOR ASTHMA OR RELATED RESPIRATORY CONDITIONS.

3. LIST ANY KNOWN ALLERGIES (Foods, Bees, Insects, Medications, etc.) DO YOU HAVE MEDICATION FOR THE ALLERGY?

4. DO YOU HAVE ANY HISTORY OF HIGH BLOOD PRESSURE OR HEART PROBLEMS? YES / NO. IF YES PLEASE EXPLAIN. _____

5. CHECK YOUR CURRENT LEVEL OF PHYSICAL ACTIVITY.
LOW _____ **MEDIUM** _____ **HIGH** _____

6. ARE YOU INVOLVED IN ANY EXTRACURRICULAR ACTIVITY/SPORTS?

PLEASE DISCUSS ANY OTHER INFORMATION WITH THE GROUP FACILITATOR WHICH YOU MAY FEEL IS RELEVANT.

PARTICIPANT SIGNATURE _____

PARENT OR GUARDIAN

SIGNATURE _____

Contact in case of emergency _____

Relationship _____

Contact Phone # _____

INFORMED CONSENT LIABILITY RELEASE

I am aware and understand that participation in low and/or high ropes course is physically challenging and potentially dangerous. I agree and hereby acknowledge that I am solely responsible for my own participation and for compliance with all safety rules, along with my own physical and emotional well being. I further acknowledge that while at the activity sites I will not be under the influence of any substances, including alcohol. I am willing and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in this event and hereby agree to hold the 19th Judicial Circuit and the County of Lake, employees, instructors, associates and agents harmless for liability arising out of my participation in the program.

Date _____

Participant Name (please print) _____

Signed _____

Parent or Guardian (please print) _____

Signed _____

Program Attended _____

Program Date _____

ADMINISTRATIVE OFFICE OF THE NINETEENTH JUDICIAL CIRCUIT



Division of Psychological Services

Lake County, Illinois

Amy M. Weltlich
Executive Assistant,
Psychological Services
215 West Water Street
Waukegan, IL 60085-5533
Phone: 847-377-3886

JORGE L. ORTIZ
Chief Judge

ROBERT A. ZASTANY
Executive Director

Dear Parent/Guardian:

Your child has been scheduled to attend a Jr's Challenge course. You will be contacted in regards to a date and time for this service. The cost for attending the course is ten dollars for a one-day, low course only and twenty dollars for the two-day, combined low and high courses.

Payment for Jr's Challenge is cash or check only. Please do not bring payment the day of the course; payment is expected when you attend the parent meeting prior to the day of the course. If paying by check, please make your check payable to: Lake County Treasurer.

If you cannot attend the parent meeting, you may call me at 847-377-3886, Monday through Friday, to make arrangements for payment. To make a payment in person, I am available at the following address:

Psychological Services
215 West Water Street
Waukegan, IL 60085

Payment in full is needed to successfully complete probation requirements. Please feel free to contact me with any questions or concerns at the above number and days.

Sincerely,

Amy M. Weltlich

Amy M. Weltlich
Executive Assistant
Psychological Services

ADMINISTRATIVE OFFICE OF THE NINETEENTH JUDICIAL CIRCUIT



Division of Psychological Services

Lake County, Illinois

AMY M. WELTLICH
Executive Assistant
Psychological Services
215 West Water Street
Waukegan, IL 60085-5533
Phone: 847.377.3886

JORGE L. ORTIZ
Chief Judge

ROBERT A. ZASTANY
Executive Director

Mail-in Payment Form – Jr's Challenge

Acceptable forms of payment to be mailed in are: personal checks, cashier's checks. **DO NOT SEND CASH! Please make all checks payable to: Lake County Treasurer.**

Participant Name _____

Phone _____

Name of Course Jrs Challenge

Date of Class _____

Do not bring payment the day of class/course.

PO Name _____

Mail payments to:

**Psychological Services
Attn. Amy Weltlich
215 West Water Street
Waukegan, IL 60085**