



Heart of Illinois Special Recreation Association

SUMMER CAMP

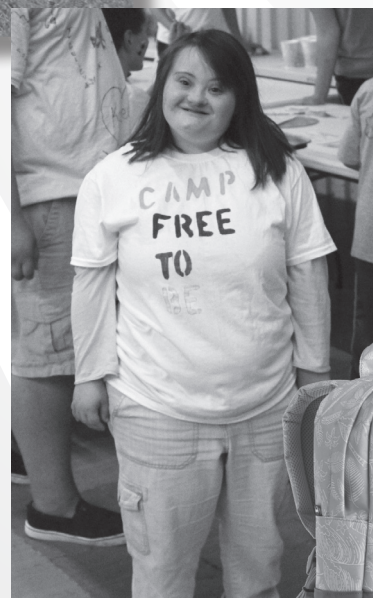
2018



Get ready for some FUN under the sun!

Avoid visiting our office and standing in line -
this year **online registration** is available for
Camp Free to Be and Summer Daze!

Registration opens January 18 at 12:00 pm CST
See page 8 for details!



Camp Free to Be (CFTB)

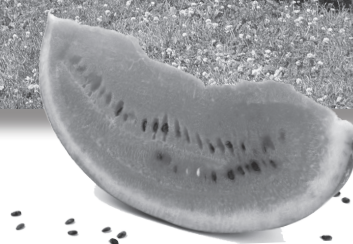
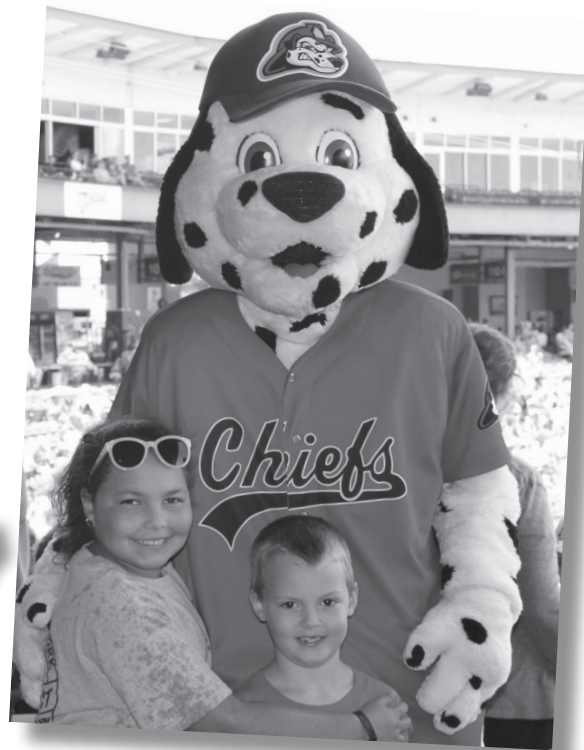
Ages 4-21

Camp Meets: Monday-Friday*, 8:30 am - 4:00 pm

Come join the fun and sign up for Camp Free to Be today! This camp provides exciting activities for nine weeks throughout the summer for campers with multiple and/or severe disabilities. Our hand picked staff will be paired with your camper and can even accommodate a 1:1 ratio. This will ensure your camper's success in the fun camp activities that they will encounter. All campers need to bring a sack lunch and drink daily.

***NOTE: No camp on July 4.**

Week	Day-Date	Fee-R/NR
1	6/4 - 6/8	\$150/\$190
2	6/11 - 6/15	\$150/\$190
3	6/18 - 6/22	\$150/\$190
4	6/25 - 6/29	\$150/\$190
5	7/2 - 7/6*	\$120/\$152
6	7/9 - 7/13	\$150/\$190
7	7/16 - 7/20	\$150/\$190
8	7/23 - 7/27	\$150/\$190
9	7/30 - 8/3	\$150/\$190





Summer Daze

Ages 13-21

**Camp Meets: Monday-Thursday*,
8:30 am - 4:00 pm**

Are you looking for an adventure this summer? Come join Summer Daze as we explore Central Illinois and spend our days swimming, playing Frisbee Golf, visiting farms, listening to live bands, bowling, making our own pottery, fishing and MUCH more! Campers are required to bring along a sack lunch and drink daily. Please be aware the groups normally swim twice a week. Space is limited so sign up early!

***NOTE: No camp on July 4.**

Important Information

Summer Daze is a community-based summer camp program designed for campers ages 13-21 who are completely independent in self-care skills. The campers who attend Summer Daze are active on a daily basis and take part in outdoor activities frequently. HISRA's Summer Daze program provides a fast-paced, fun, social environment for campers to have a great time with friends this summer! Please call the HISRA office for questions regarding camper eligibility.

Week	Day-Date	Fee-R/NR
1	6/4 - 6/7	\$150/\$190
2	6/11 - 6/14	\$150/\$190
3	6/18 - 6/21	\$150/\$190
4	6/25 - 6/28	\$150/\$190
5	7/2 - 7/5*	\$112.50/\$142.50
6	7/9 - 7/12	\$150/\$190
7	7/16 - 7/19	\$150/\$190
8	7/23 - 7/26	\$150/\$190





Before & After Care for Camps

Extended Care - AM ONLY

Does your camper need to be dropped off prior to the start of camp? We can help with that! You may sign up for the entire summer or by week as needed.

AM Extended Care Available:

Monday-Friday*, 7:30 am - 8:30 am

**NOTE: No AM Care on July 4.*

Week	Day-Date	Fee-R/NR
1	6/4 – 6/8	\$25/\$35
2	6/11 – 6/15	\$25/\$35
3	6/18 – 6/22	\$25/\$35
4	6/25 – 6/29	\$25/\$35
5	7/2 – 7/6*	\$20/\$28
6	7/9 – 7/13	\$25/\$35
7	7/16 – 7/20	\$25/\$35
8	7/23 – 7/27	\$25/\$35
9	7/30 – 8/3	\$25/\$35

Extended Care - PM ONLY

HISRA offers afternoon extended care every day of camp after camp ends. You may sign up for the entire summer or by week as needed.

PM Extended Care Available:

Monday-Friday*, 4:00 pm - 5:00 pm

**NOTE: No PM Care on July 4.*

Week	Day-Date	Fee-R/NR
1	6/4 – 6/8	\$25/\$35
2	6/11 – 6/15	\$25/\$35
3	6/18 – 6/22	\$25/\$35
4	6/25 – 6/29	\$25/\$35
5	7/2 – 7/6*	\$20/\$28
6	7/9 – 7/13	\$25/\$35
7	7/16 – 7/20	\$25/\$35
8	7/23 – 7/27	\$25/\$35
9	7/30 – 8/3	\$25/\$35

Member District Transportation for Camps

Not only are Camp Free to Be and Summer Daze a blast for campers that attend, but they are also convenient for families! Transportation is provided with pick-up and drop-off locations in each of our member districts of Chillicothe, Morton and Washington! There is no transportation charge for campers who are considered residents of our member districts. Please note that space is limited and residents of member districts will be given priority. Transportation will also potentially be provided to campers who are non-residents of our member districts, but only if space is available. Those non-resident campers will be charged a nominal fee for transportation. Pick-up and drop-off times will be determined at the close of registration.

**NOTE: No camp on July 4.*

Chillicothe Transportation

Location: Shore Acres Park, 100 Park Blvd, Chillicothe

Morton Transportation

Location: Morton Freedom Hall, 349 W Birchwood St, Morton

Washington Transportation

Location: St. Clare's Crossing, 10 Saint Clare Court, Washington

If you are a Peoria resident parent or guardian in search of additional transportation opportunities for camp this summer, you may contact other transportation companies below. Please be aware that parents are responsible for any coordination and fees associated with using these transportation companies.

CityLift (309) 497-3340 • Rural Peoria County Transportation (309) 697-3305 • We Care Inc. (309) 253-7708



Week	Day-Date	Fee-R/NR
1	6/4 – 6/8	\$0/\$20
2	6/11 – 6/15	\$0/\$20
3	6/18 – 6/22	\$0/\$20
4	6/25 – 6/29	\$0/\$20
5	7/2 – 7/6*	\$0/\$16
6	7/9 – 7/13	\$0/\$20
7	7/16 – 7/20	\$0/\$20
8	7/23 – 7/27	\$0/\$20
9	7/30 – 8/3	\$0/\$20

FORM #1: HISRA 2018 ANNUAL INFORMATION FORM (page 1 of 2)

This form is required to be filled out completely ONCE per calendar year. It will accompany participants at all programs/activities they attend.
Form must be returned to HISRA prior to participation in any program.

Please PRINT and do not abbreviate.

Participant Info

Participant Name: _____

Participant Cell: _____

☐ Male ☐ Female

Date of Birth: ____/____/____ Age: ____

Disability:

- ☐ Autism Spectrum Disorder
- ☐ Behavior Disorder
- ☐ Cerebral Palsy
- ☐ Developmental Disability
- ☐ Down Syndrome
- ☐ Mental Illness: _____
- ☐ Physical Impairment: _____
- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ Health Related Issues: _____
- ☐ Other: _____
- ☐ N/A (sibling)

Has the participant ever experienced a seizure?

☐ Yes* ☐ No

*If yes, please ask office for Form #2

Mobility

☐ Independent mobility

NOTE: If any box below is checked, Form #3 must be completed.

- ☐ Electric wheelchair
- ☐ Manual wheelchair
- ☐ Walker/cane
- ☐ Has difficulty climbing stairs

Toileting (✓ all that apply)

☐ Completely independent

NOTE: If any box below is checked, Form #3 must be completed.

- ☐ Assistance dressing/undressing
- ☐ Prompting/Reminders
- ☐ Assistance wiping
- ☐ Wears diapers and needs full assistance
- ☐ Needs menstrual care assistance

Diet and Feeding

☐ Eats independently

NOTE: If any box below is checked, Form #3 must be completed.

- ☐ Needs assistance eating
- ☐ Has diet restrictions
- ☐ Eats medically soft diet

If 21 – is participant allowed to drink alcohol?

☐ Yes ☐ No

Allergies (list all foods, drugs, etc.)

Allergen	Allergy Type	Symptoms
	<input type="checkbox"/> Ingested <input type="checkbox"/> Contact <input type="checkbox"/> Inhaled	
	<input type="checkbox"/> Ingested <input type="checkbox"/> Contact <input type="checkbox"/> Inhaled	
	<input type="checkbox"/> Ingested <input type="checkbox"/> Contact <input type="checkbox"/> Inhaled	

Medications

- ☐ Does not take any medication
- ☐ Takes medication: please list all meds taken or attach med list – even if not taken during HISRA program. Ask office for Form #4 if meds are taken during program.

Medication	Dose/Time	Prescribed for

Social Skills/Communication (✓ all that apply)

- ☐ Has written behavior plan
- ☐ Understands what is said to him/her
- ☐ Uses communication device: _____
- ☐ Other communication: _____
- ☐ Can express needs ☐ Uses sign language
- ☐ Uses PECs ☐ Is easily frustrated
- ☐ Dislikes noises ☐ Sensitive to touch
- ☐ Physically aggressive ☐ Verbally aggressive
- ☐ Sexually aggressive ☐ May wander off

Any specific sensitivities that would lead to any form of aggression?

What helps calm participant when agitated?

Is there any fear of which staff should be aware?

FORM #1: HISRA 2018 ANNUAL INFORMATION FORM (page 2 of 2)

Participant Name: _____

Support System

Guardian:

☐ Self

☐ Other:

Name: _____

Relation: _____

Phone: _____

Email: _____

In the event of program change and/or emergency who should we contact?

☐ Guardian (info above)

☐ Other

Name: _____

Cell #: _____

Alternate Emergency Contact - must be DIFFERENT than above:

Name: _____

Cell #: _____

Participant Lives:

☐ With parent(s)/family

☐ In a group home

Name of group home: _____

Manager: _____

Phone: _____

☐ Other: _____

Helpful additional information for HISRA staff:

HISRA Pick Up Information

☐ Independently comes/goes from program

☐ Release to group home staff

☐ Will travel via 3rd party transportation

Agency: _____

☐ Others (include yourself and family members):

1) _____

2) _____

Uniform Sizes: (sizes are youth or adult unisex):

Shirt size: _____

Short size: _____

Swimming

☐ Needs full assistance while swimming

☐ Has some swimming skills

☐ Can swim independently

Who filled out this form?

Name: _____

Date: ____/____/____

MUST SIGN HERE:

Legal Guardian Signature

Date

INTERNAL USE ONLY

____ #2 SCP

____ #3 PCR

____ #4 Med Dis

____ #5 Release

____ #7 Med App

____ #8 WPFC



Heart of Illinois Special Recreation Association

8727 North Pioneer Road, Peoria, IL 61615

P: 309-691-1929, F: 309-691-4383

hisra@peoriaparks.org

Camper's Name: _____

FORM #8: WHO'S PAYING FOR CAMP?

- ☐ **Parents** are paying for camp and will be paying in full at the time of registration
- ☐ **Parents** are paying for camp using the WebTrac online installment billing payment option
- ☐ **Parents** are paying for camp and requesting scholarship funds
- ☐ **Our licensing agency** is paying for camp

Name of agency: _____

Contact person: _____

Phone Number or Email: _____

- ☐ **DCFS** is paying for camp

Contact person: _____

Phone Number or Email: _____

- ☐ **Camper's school** is paying for camp

Contact person: _____

Phone Number or Email: _____

Date of IEP (if scheduled): _____

- ☐ **Someone else** is paying for camp

Contact person: _____

Phone Number or Email: _____

All camp must be paid in full by 6/1/18.

Any remaining balance is the responsibility of the camper or parent/guardian.

Registration Options

OPTION 1: NEW!

Set up a WebTrac account NOW, and REGISTER ONLINE starting January 18 at 12:00 pm CST

The Peoria Park District is now offering the opportunity to utilize WebTrac, our new online registration software! Because HISRA is an extension of PPD, our families and participants will be able to reap the benefits of this new system including:

- Creating and managing household accounts without assistance from HISRA
- Registering for programs online
- Setting up installment billing for camp and other programs

A.) Create a WebTrac account by following these instructions:

1. Go to <https://webtrac.peoriaparks.org>
2. Under “Account Login,” select “Create an Account”
3. Create a login and password
4. Complete the “Household Primary Person Information” section. **IMPORTANT:** All existing addresses in the primary HISRA service area are pre-loaded in WebTrac. When completing the “Address 1” field, type only your house or apartment number and wait for the drop-down menu to appear. By selecting your address from the drop-down box, the system will be able to accurately determine your residency; if you enter your address without selecting an option from the drop-down menu, the system will default you to non-residency status.
 - **Resident:** This means you reside within Peoria Park District residency boundaries, and will receive resident rates for all Peoria Park District and HISRA programs.
 - **PPD NR/HISRA RES:** This means you live outside Peoria Park District residency boundaries, but within Chillicothe, Morton, or Washington Park District residency boundaries. This residency category will receive nonresident rates for Peoria Park District programs, but resident rates for HISRA programs.
 - **Non-Resident:** This means you live outside all of the above District boundaries, and will receive non-resident rates for all programs.
5. To add additional family members to your household, select the “Add New Member” button at the bottom of the screen.
6. To add an emergency contact, select the “Add Contact” button at the bottom of the screen. Typically, an emergency contact will be an individual that is not already included on the household account.
7. When all sections are complete, select “Save.”

B.) Next, fill out your HISRA forms electronically, too!

If you already have an account, please be sure resubmit all forms before April 13, 2018!

1. Go to www.hisra.org.
2. Click on the “Forms & Downloads” tab
3. Click the red link to fill out these forms electronically:
 - FORM 1: 2018 Annual Information Form
 - FORM 2: Seizure Care Plan (if applicable)
 - FORM 3: Personal Care Request Form
 - FORM 4: Medication Dispensing Form (if applicable)
 - FORM 8: “Who’s Paying For Camp” Form
4. Click the “Register” tab to create an account with us and fill out and submit all applicable forms

Once you register at the HISRA website, all forms completed online will be saved to your account and you can log in at any time to modify information or update forms for future years.

C.) Register for camp starting January 18 at 12:00 pm CST

With your WebTrac account established and your paperwork completed electronically, you will be ready to register for camp and other programs online starting January 18 at 12 pm CST. (To the right of the PPD logo near the top of the screen, select the “Search” option and search for HISRA activities.)

Summer Camp Registration deadline is April 13, 2018.

OPTION 2: Register in person at HISRA

If you prefer not to register online or do not have the means to do so, you can register in person at HISRA beginning January 18 at 12:00 pm CST using the 2-page camp form found on pages 9-10. Additional required forms will be available to fill out, or you can save time by submitting this paperwork electronically by following the 4 steps listed above in Part B. Registration will also be accepted by mail, but preference is given to walk in participants. If you need a form sent to you, please contact our office. Please note a 10% down payment will be required at the time of registration.

HISRA Inclusion Services

Attention residents of Peoria, Morton, Chillicothe and Washington Park Districts! Is there a program offered at your local park district that you would love for your child with special needs to be a part of, but they may need a little help? Call HISRA at (309) 691-1929 and fill out an “Inclusion Request” form on our website at www.hisra.org! See page 11 for details.

HISRA 2018 SUMMER CAMP REGISTRATION FORM (p. 1 of 2)

Camp Free to Be (CFTB)			
X	Code	Day-Date	Fee-R/NR
	HWH51101-01	Week #1: 6/4 – 6/8	\$150/\$190
	HWH51101-02	Week #2: 6/11 – 6/15	\$150/\$190
	HWH51101-03	Week #3: 6/18 – 6/22	\$150/\$190
	HWH51101-04	Week #4: 6/25 – 6/29	\$150/\$190
	HWH51101-05	Week #5: 7/2 – 7/6	\$120/\$152
	HWH51101-06	Week #6: 7/9 – 7/13	\$150/\$190
	HWH51101-07	Week #7: 7/16 – 7/20	\$150/\$190
	HWH51101-08	Week #8: 7/23 – 7/27	\$150/\$190
	HWH51101-09	Week #9: 7/30 – 8/3	\$150/\$190
Summer Daze			
X	Code	Day-Date	Fee-R/NR
	HWH51102-01	Week #1: 6/4 – 6/7	\$150/\$190
	HWH51102-02	Week #2: 6/11 – 6/14	\$150/\$190
	HWH51102-03	Week #3: 6/18 – 6/21	\$150/\$190
	HWH51102-04	Week #4: 6/25 – 6/28	\$150/\$190
	HWH51102-05	Week #5: 7/2 – 7/5	\$112.50/\$142.50
	HWH51102-06	Week #6: 7/9 – 7/12	\$150/\$190
	HWH51102-07	Week #7: 7/16 – 7/19	\$150/\$190
	HWH51102-08	Week #8: 7/23 – 7/26	\$150/\$190
Extended Care - AM ONLY			
X	Code	Day-Date	Fee-R/NR
	HWH51103-01	Week #1: 6/4 – 6/8	\$25/\$35
	HWH51103-02	Week #2: 6/11 – 6/15	\$25/\$35
	HWH51103-03	Week #3: 6/18 – 6/22	\$25/\$35
	HWH51103-04	Week #4: 6/25 – 6/29	\$25/\$35
	HWH51103-05	Week #5: 7/2 – 7/6	\$20/\$28
	HWH51103-06	Week #6: 7/9 – 7/13	\$25/\$35
	HWH51103-07	Week #7: 7/16 – 7/20	\$25/\$35
	HWH51103-08	Week #8: 7/23 – 7/27	\$25/\$35
	HWH51103-09	Week #9: 7/30 – 8/3	\$25/\$35
Extended Care - PM ONLY			
X	Code	Day-Date	Fee-R/NR
	HWH51104-01	Week #1: 6/4 – 6/8	\$25/\$35
	HWH51104-02	Week #2: 6/11 – 6/15	\$25/\$35
	HWH51104-03	Week #3: 6/18 – 6/22	\$25/\$35
	HWH51104-04	Week #4: 6/25 – 6/29	\$25/\$35
	HWH51104-05	Week #5: 7/2 – 7/6	\$20/\$28
	HWH51104-06	Week #6: 7/9 – 7/13	\$25/\$35
	HWH51104-07	Week #7: 7/16 – 7/20	\$25/\$35
	HWH51104-08	Week #8: 7/23 – 7/27	\$25/\$35
	HWH51104-09	Week #9: 7/30 – 8/3	\$25/\$35

Name of Participant:

Please "X" those programs and transportation options you would like to register for:

Member District Transportation for Camps			
Chillicothe Transportation			Location: Shore Acres
X	Code	Day-Date	Fee-R/NR
	HWH51105-01	Week #1: 6/4 – 6/8	\$0/\$20
	HWH51105-02	Week #2: 6/11 – 6/15	\$0/\$20
	HWH51105-03	Week #3: 6/18 – 6/22	\$0/\$20
	HWH51105-04	Week #4: 6/25 – 6/29	\$0/\$20
	HWH51105-05	Week #5: 7/2 – 7/6	\$0/\$16
	HWH51105-06	Week #6: 7/9 – 7/13	\$0/\$20
	HWH51105-07	Week #7: 7/16 – 7/20	\$0/\$20
	HWH51105-08	Week #8: 7/23 – 7/27	\$0/\$20
	HWH51105-09	Week #9: 7/30 – 8/3	\$0/\$20
Morton Transportation			Location: Freedom Hall
X	Code	Day-Date	Fee-R/NR
	HWH51106-01	Week #1: 6/4 – 6/8	\$0/\$20
	HWH51106-02	Week #2: 6/11 – 6/15	\$0/\$20
	HWH51106-03	Week #3: 6/18 – 6/22	\$0/\$20
	HWH51106-04	Week #4: 6/25 – 6/29	\$0/\$20
	HWH51106-05	Week #5: 7/2 – 7/6	\$0/\$16
	HWH51106-06	Week #6: 7/9 – 7/13	\$0/\$20
	HWH51106-07	Week #7: 7/16 – 7/20	\$0/\$20
	HWH51106-08	Week #8: 7/23 – 7/27	\$0/\$20
	HWH51106-09	Week #9: 7/30 – 8/3	\$0/\$20
Washington Transportation			Location: St. Clare's Crossing
X	Code	Day-Date	Fee-R/NR
	HWH51107-01	Week #1: 6/4 – 6/8	\$0/\$20
	HWH51107-02	Week #2: 6/11 – 6/15	\$0/\$20
	HWH51107-03	Week #3: 6/18 – 6/22	\$0/\$20
	HWH51107-04	Week #4: 6/25 – 6/29	\$0/\$20
	HWH51107-05	Week #5: 7/2 – 7/6	\$0/\$16
	HWH51107-06	Week #6: 7/9 – 7/13	\$0/\$20
	HWH51107-07	Week #7: 7/16 – 7/20	\$0/\$20
	HWH51107-08	Week #8: 7/23 – 7/27	\$0/\$20
	HWH51107-09	Week #9: 7/30 – 8/3	\$0/\$20
Add program fees from columns 1 & 2 for SUBTOTAL			\$

Must complete registration form on back.

HISRA 2018 SUMMER CAMP REGISTRATION FORM (p. 2 of 2)

1. PARTICIPANT INFORMATION

Full Name of Participant: _____

Birthdate: ____/____/____ Age: _____ Male/Female (CIRCLE ONE)

Mailing Address (program info & receipts sent will be sent here):

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Disability: _____

Legal Guardian Full Name: _____

Legal Guardian Phone: _____

Contact in case of program change: Name: _____ Phone: _____

All registrations MUST be signed and accompanied by payment in order to be processed.

2. WAIVER (MUST be signed for participation)

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Heart of Illinois Special Recreation Association and its officers, agents, servants, and employees. I do hereby fully release and discharge the Heart of Illinois Special Recreation Association and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation in the program. I further understand and agree that the terms such as "participating," "programs," and "activities," referred to in the Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events. I authorize HISRA staff to dispense prescribed medications in their original container or accompanied by a copy of a signed prescription to me/my child.

I understand the nature of these programs for which I am registering, and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement. Additionally, in order that the Heart of Illinois Special Recreation Association may better serve the interests of myself/my child, I hereby grant permission for Special Recreation staff to access relevant education and/or medical records. I hereby consent to the use of my/my child's photograph in the Heart of Illinois SRA brochures, publications, or promotional materials.



Signature of Legal Guardian _____ Date _____

3. PAYMENT

SUBTOTAL FROM FRONT	\$
Donations	\$
TOTAL	\$

4. RETURN WITH PAYMENT TO:

HISRA
8727 N. Pioneer Rd.
Peoria, IL 61615



HISRA STAFF

Katie Hogan Van Cleve, Executive Director



Katie has focused her career serving individuals with disabilities for more than 20 years, working as HISRA's Executive Director since 2002. She has overseen the addition of two park districts to HISRA's service area; the creation of the Peoria Wildcats wheelchair basketball team; and has been instrumental in the Access the Experience event run in conjunction with the IHSA March Madness Experience. Katie has dual degrees in psychology and social work with a minor in political science from Bradley University. She lives in Peoria with her husband and daughter.

Sioban Goddard, Program Manager



Sioban oversees HISRA's night and weekend programing, Special Olympics Athletics, summer camps as well as inclusion services. Sioban graduated from Monmouth College in 2013, with dual degrees in both Psychology and Physical Education. Sioban began her career in Special Recreation in the Chicagoland area and relocated to the Peoria area in late 2014 once joining the HISRA team. She resides in Peoria with her husband and dog.

Ashlynn Busler, Office Manager



Since the summer of 2014, Ashlynn has worked various HISRA programs including Camp Free to Be, FOCUS, Special Olympics sports, and night and weekend programs. In 2015, she became HISRA's administrative assistant. After that, Ashlynn accepted the position of our full time Administrative Assistant/Coordinator of Business Services in September of 2016. She now holds the title of HISRA's Office Manager. Ashlynn graduated with a Bachelor's degree from Monmouth College in 2015.

Mary Kelly, Program Coordinator/FOCUS



Mary joined the HISRA team in 2017 as the Art Instructor for Camp Free to Be. After summer, she became the Program Coordinator for FOCUS and also works various night and weekend programs. Mary graduated from Bradley University in 2013.

ABOUT HISRA

HISRA is the result of a desire on the part of your park districts to provide quality recreation programs and services to individuals with disabilities and special needs. HISRA and its member districts enthusiastically support the spirit and intent of the Americans with Disabilities Act. HISRA is committed to providing opportunities for each individual to enjoy recreation activities in the least restrictive environment possible.

HISRA BOARD OF TRUSTEES

The Board meets at HISRA on the third Wednesday of each month at 5:15 p.m. Meetings are open to the public.

Shane Placher	Chillicothe
Kevin Yates	Chillicothe
Shaun Bill	Morton
Joel Dickerson	Morton
Tim Cassidy	Peoria
Jim Hancock	Peoria
Lorelei Cox	Washington
Brian Tibbs	Washington

HISRA Inclusion Services

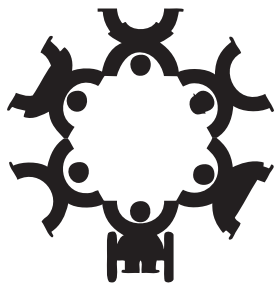
IMPORTANT:

For inclusion requests to be guaranteed, they must be submitted at least 3 weeks prior to the program start date.

Summer Camp Inclusion Deadline: May 1, 2018

Inclusion services will not be available the week of May 28 due to staff training.

Upon reviewing the participant's needs, HISRA's Management Team will work to integrate a participant into a program, adapt activities, and provide additional support if appropriate to create an inclusive setting and successful experience. HISRA provides all inclusion services at no cost to residents of its member districts. Please contact HISRA to learn about our non-resident inclusion rates.



**HEART OF ILLINOIS SPECIAL
RECREATION ASSOCIATION**

8727 N. Pioneer Rd.
Peoria, IL 61615

Business Hours:

Monday-Thursday, 8:30 am-12:00 pm & 1:00-4:30 pm; Friday, 8:30-12:00 pm

Closed: 1/1, 1/2, 1/15, 3/9, 3/12, 3/13, 5/28-6/1, 7/4

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OR CURRENT RESIDENT

Registration opens January 18 at 12:00 pm



Introducing Young Athletes! New session begins September 1

Young Athletes is an innovative sports play program for children ages 2-7 with and without disabilities. This Special Olympics Illinois program is designed to introduce your child to the world of sports. Activities within the program will consist of foundational skills, walking & running, balance & jumping, trapping & catching, throwing, striking, kicking and advanced skills. Siblings and peers ages 2-7 are welcome to participate. The program meets at St. Philomena School gymnasium from 3-4pm on Sundays once a month. For more information please contact the HISRA office.

