

THE SPOT to discover what the Heart of Illinois Special Recreation Association has in store this season!

### Who We Are...

Heart of Illinois Special Recreation Association (HISRA) is a cooperative extension of the Morton, Peoria, Chillicothe and Washington Park Districts providing quality recreation programming and inclusion services.

8727 N. Pioneer Rd. Peoria, IL 61615

309-691-1929 hisra@peoriaparks.org

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# Introducing Young Athletes!

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 children to the world of sports by practicing foundational skills like walking, running, balancing, jumping, catching, throwing and much more! The program meets at the St. Philomena School gymnasium from 3-4 pm on Sundays once a month. For more information see page 5 or contact the HISRA office!

**FALL 2018** 

# Registration Opens August 21, 2018

Registrations will not be processed prior to this date

# CENTER BASED PROGRAMS

#### **Parents Night Out**

Ages 2+

Parents! Are you ready for a night without the kids? Kids! Would you like to play fun games, make arts and crafts, eat dinner and enjoy a movie with your friends? Sign up today for our Parents Night Out program, where we keep your kids entertained and you enjoy the night off. Parents can pick up and drop off anytime between 5:00-10:00 pm. All childen in the family are welcome; siblings are \$10 each. Please fill out separate registration and annual information forms for each person attending.

Code: HFH52501

Section	Day-Date	Time	Fee-R/NR	Reg. by
01	F:9/14	5-10pm	\$25/\$35	8/31
02	Sa:10/6	5-10pm	\$25/\$35	9/21
03	F:11/2	5-10pm	\$25/\$35	10/21
04	Sa:12/1	5-10pm	\$25/\$35	11/16



#### Pizza & Pajama Party 🚍

**Ages 15+** 

Pizza & Pajama Party! We'll enjoy pizza and snacks while we watch our favorite movies.

Put on your favorite pajamas and head to HISRA for our

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH52501	Sa:9/21	6-9:30pm	\$22/\$28	9/7

#### Bingo Night 🚍

**Ages 15+** 



Good times and great prizes are a couple of good reasons to get registered for Bingo B-4 it fills up! We will enjoy a variety of Bingo games at HISRA while we enjoy snacks with our friends!

 Code
 Day-Date
 Time
 Fee-R/NR
 Reg. by

 HFH52202
 F:10/5
 6:30-9:30pm
 \$15/\$20
 9/21

#### Hot Dogs, S'mores & Ghost Stories Ages 19+

Hot Dogs, S'mores, Ghost stories, oh my! Join us for an evening at HISRA where we will enjoy treats and read spooky stories. This is an outdoor program so dress appropriately.

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH52203	F:10/20	6:30-10pm	\$25/\$32	10/5



NAME came as a bottle of his favorite ranch dressing to last year's Halloween Dance. What will you dress up as this year?

**Ages 15+** 

#### Halloween Dance & Parent Social 🚍

You're all invited to HISRA's Halloween Dance! It will be such a fright, dancing and snacking and music all night!

Costumes are optional but highly encouraged!

**Parents!** Feel free to stop by our parent social at Double A's Pizza (7719 IL Route 91, Peoria) from 7:15-8:45pm to meet other HISRA parents and enjoy appetizers on HISRA! Please note that drinks and other items must be purchased independently. Parents – if you wish to attend the Parent Social please RSVP to HISRA by 10/12.

 Code
 Day-Date
 Time
 Fee-R/NR
 Reg. by

 HFH52204
 S:10/29
 7-9pm
 \$15/\$20
 10/12

#### Friendsgiving Ages 15+

Gobble and wobble away from HISRA after an evening filled with food, friends, and thanks! HISRA is hosting a Friendsgiving feast, that will include food, drinks, games, and music to show thanks to all of our participants!

 Code
 Day-Date
 Time
 Fee-R/NR
 Reg. by

 HFH52205
 Sa:11/17
 6-9pm
 \$20/\$25
 11/2



There's always room at the table during Friendsgiving!

#### Holidays at HISRA 🚍

#### Ages 15+

Come celebrate the holidays with your friends here at HISRA! We'll enjoy some classic holiday movies with snacks along with some holiday games! Need to wrap some presents without your family peeking? We'll have wrapping paper and bags available for you!

Code Day-Date Time Fee-R/NR Reg. by HFH52206 Sa:12/8 11/20 6-9pm \$20/\$25

#### Holiday Dance 🚍

**Ages 15+** 

Tis the season to be jolly, so come and join us for a Holiday Party! Jingle all the way over to HISRA and spend the night dancing away while enjoying snacks and time with friends before ringing in the New Year!

Code Day-Date Time Fee-R/NR Reg. by 7-9pm HFH52207 F:12/14 \$15/\$20 11/30

#### **Parents Day Out**

Ages 2+

Need to finish that last minute Christmas shopping while the kids are away? Sign up for this program where we will enjoy hot cocoa, watch movies, play holiday games and make holiday crafts while you are out and about. All children in the family are welcome to attend; siblings are \$10 each. Please fill out separate registration and annual information forms for each person attending.

Code Day-Date Time Fee-R/NR Reg. by HFH52502 Sa:12/15 1-5pm \$20/\$25 12/1

Name, Name and Name enjoying themselves at HISRA's Holiday Dance.









# FOCUS = Ages: 1

Come FOCUS on fun with friends! This program is for adults 18 years and older looking for an active way to spend their weekday. The group meets Monday through Thursday from 9AM to 3PM. Throughout the week we will enjoy grocery shopping, cooking, volunteering, exercising at the RiverPlex, exploring the surrounding communities, socializing with friends, playing games, and having fun! The program will meet daily at HISRA. Some eligibility requirements do exist because of the level of activity.

#### **FOCUS Registration Information**

You are able to register for just one day a week or up to all four. The days you register for will be the days the participant attends FOCUS for the duration of the year. Based on program availability, registration can occur at anytime. However, annual priority registration is given to participants currently enrolled in FOCUS. This annual priority registration occurs at the beginning of each calendar year. In order to withdraw from FOCUS, a 30-day notice is required. Any withdrawal request will be processed and take effect the first program day of the month after the 30 days.

#### **FOCUS Payment Information**

A payment plan will be crafted for each participant based on the number of days for which he or she is registered. Payment for the month is due on the first business day of that month. A \$100 non-refundable down payment is required at the time of registration and will be applied to your first month's bill. The fees for FOCUS are \$37/day for residents and \$47/day for non-residents.

Please contact Mary Kelly, our Program Coordinator, for more information at (309) 691-1929 or mkelly@peoriaparks.org!

FOCUS does not meet on 9/3, 11/12, 11/21, 11/22, 12/24-12/31

## COMMUNITY BASED PROGRAMS

#### **NEW!** Peoria Playhouse 🚍

#### Ages 5-14



Explore and play with us at the Peoria PlayHouse! Join us on this new program created just for youth and young teens! Participant drop off for this program will be the Peoria PlayHouse.

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH54101	Sa:9/22	10am-12pm	\$18/\$20	9/7

#### Friday at The Fieldhouse 🚍 Ages 15+

It's game time! Join us as we kick off our Friday night at The Field House in Peoria! There will be plenty to eat and plenty of games to watch on numerous big screens! Dinner is included in the cost of the program.

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH54201	F:9/28	6-9:30pm	\$25/\$32	9/14

# Pizza & Bowling Ages 19+



SPARE some time to let the good times ROLL with HISRA! Join us as we kick off our night with pizza, followed by bowling, and topped off with ice cream! To ensure everyone a portion of fun, we must limit registration to 1 of the 3 events.

Code: HFH54202

Section	Day-Date	Time	Fee-R/NR	Reg. by
01	Sa:9/29	6-9:30pm	\$30/\$40	9/14
02	F:10/19	6-9:30pm	\$30/\$40	10/5
03	Sa:11/3	6-9:30pm	\$30/\$40	10/19

#### Blue Ridge Farm Bonfire Ages 19+

If you are looking for s'more fun this fall, join us as we visit Blue Ridge Farm for our Annual Bonfire! Come ready to enjoy snacks and a sing along around a toast fire, but please remember to dress for a night spent in Chilli-cothe!

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH54203	F:10/12	6:30-10pm	\$20/\$25	9/28

#### Friday Night Fiesta 🚍

Taco 'Bout a Party! Join us for our Friday Night Fiesta at Los Cabos in Peoria! We will fiesta like there is no mañana! Dinner is included in the cost of the program.

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH54204	F:10/26	6-9:30pm	\$25/\$32	10/12

# elf

#### Peoria Players - Elf Ages 19+

**Ages 15+** 

Ages 19+

Santa's coming! I know him! The best way to spread Christmas cheer is singing loud for all to hear! Join us as we attend 'Elf' at the Peoria Players Theater this winter!

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH54205	F:11/16	6:30pm-TBD	\$37/\$47	11/2

#### Festival of Lights **₽**

Enjoy a sightseeing trip though East Peoria's winter wonderland full of millions of sparking lights! Our road trip will end with dessert at HISRA, but please remember to eat dinner before you bundle up for our adventure!

Code	Day-Date	Time	Fee-R/NR	Reg. by
HFH54206	F:12/7	6:30-10pm	\$25/\$32	11/20

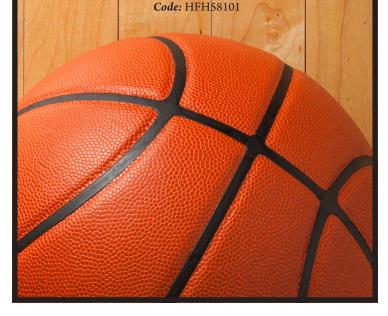


Name, Name and Name enjoying themselves at the Blue Ridge Bonfire trip.

# **PEORIA WILDCATS** Wheelchair Basketball

Ages 5-21

This program is designed to increase physical ability and provide individuals the opportunity to participate in competitive sports! To be eligible for play in adapted sports, a player must have an irreversible lower extremity disability, such as paralysis, amputation, radiological evidence of limb shortening, partial to full joint alkalosis or joint replacement, which consistently interferes with functional mobility. The team travels to games and tournaments around Illinois and surrounding states. Game and tournament dates and times for the 2018/2019 season are TBA. If you are interested in joining the Peoria Wildcats team, please contact Katie at (309) 691-1929.



## ATHLETIC PROGRAMS

#### Strikers 🖫 **Ages 15+**

ROLL on over, there's no time to SPARE, we're going BOWLING and want you there! FRAMES of fun are guaranteed to bowlers of all skill levels, while adaptive equipment is provided. The Strikers program will span 10 weeks, ending with an end of season celebration at Landmark Lanes with cake and soda! All bowlers must be dropped off at Landmark Lanes at 3:30pm and picked up promptly at 5:00pm. HISRA staff will assist participants from CWTC to Landmark Lanes.

Code Day-Date Time Fee-R/NR Reg. by HFH54207 W:9/12-11/14 3:30-5pm \$90/\$115 8/29



Kids ages 2-7 get an introduction to sports y signing up for Young Athletes.

#### **Special Olympics Young Athletes Ages 2-7**

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 children to the work 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 during the school year.

Code Fee-R/NR Day Time Reg. by HFH56101 Sunday\* \$5/\$5 8/27 3-4pm

\*Young Athletes will meet on the following dates for Fall: 9/16, 10/21, 11/18, 12/16,1/6, 2/10, 3/24, 4/14, 5/5.



#### Special Olympics Basketball

Ages 8+



Are you looking to learn the basics of basketball such as dribbling, passing and shooting or for a competitive team to join? Either way HISRA has a jersey for you! We will kick off the season by focusing on the fundamentals of the game and begin to play local teams

starting in late November/early December. Practices will take place at Sterling Middle School. The Skills program will practice on Tuesday nights, while team practice will occur on either Tuesday or Wednesday nights (practice scheduled will be finalized upon the closing of registration.) Practice scheduled after the District Competition are TBA.

The Special Olympics Basketball Skills program is for athletes interested in learning and practicing the fundamentals of basketball without being on a team. This program is most appropriate for athletes focusing on skill acquisition as well as individuals unable or uninterested in team participation. Athletes compete in the District Skills Competition in January and have the opportunity to advance to the State Skills Competition in March.

No practice on 10/17, 11/20, 11/21, 12/25, 12/26, 1/1, 1/2, 1/22 (No Team- Skills will practice), 1/23, 1/29 (No Skills- Team will practice).

Registration Deadline: 9/25

Practice Begins: 10/9 and 10/10

Med App Deadline: 10/22

Team District Competition: 1/20 @ IWU (Shirk Center)-

Bloomington, IL

Skills District Competition: 1/27 @ ICC Cougar Plex -

East Peoria, IL

State Competition

(Both Team and Skills): 3/15-3/17 @ ISU (Horton

Field House) and IWU (Shirk

Center)- Bloomington, IL





\*All Special Olympics athletes must have a valid 'Med App' on file with both HISRA and Special Olympics Illinois to compete for the entirety of the listed sports season. If you have competed in Special Olympics with HISRA in the past, please check with the HISRA Management Team on the expiration date of the Med App we have on file for you. If your Med App is expired or you have not competed before, please complete the blank Med App found in the back of the brochure.

Special Olympics Basketball Skills: Reg. by 9/25

 Code
 Day-Date
 Time
 Fee-R/NR

 HFH56501
 Tu:10/9-3/17
 5:30-6:30pm
 \$22/\$28

Special Olympics Basketball Team: Reg. by 9/25

Code Day-Date Time Fee-R/R

HFH56502 Tu,W:10/9-3/17 5:30-7:30pm \$40/\$50

#### **Special Olympics Med Fest**

Date: Thursday, October 25, 2018

Location: Special Olympics IL State Headquarter,

605 E. Willow Street, Normal, IL

Med Fest is an event for any Special Olympics athlete that offers FREE sports physicals to SOILL athletes. The screening assesses blood pressure, pulse, height, weight and general physical health. Upon completion of the Med Fest screening, athletes will receive a signed Special Olympics Medical Application valid for participation in all Special Olympics athletics for the next two years.

- If you are interested in attending this event, please RSVP to HISRA by Friday, September 21 in order for us to make your appointment.
- HISRA will provide transportation to and from this event but seats are limited and reserved on a first come first served basis. When you call to RSVP, please let us know if you would like to request transportation.



Special ***	APPLICATION FOR PARTICI		SS ILLINOIS	
Olympics ( )	Valid Application for Participation is 605 E. Willow St. · Normal, IL 61	is mandatory for all competitors 61761-2682 • 309-888-2551	<b>SOILL Rev. 8-1-16</b>	Area Agency #
ATHLETE INFORMATION "			Birthdate	MEDICAL CLEARANCE
Athlete Name (last name, space, first name)			Y Y Q Q W W	PLEASE CHECK MEDICAL INFORMATION
				Does athlete have Down Syndrome?
Agency Name			Sex (M or F)	Yes □ No □
				If yes, have x-rays of the C1-C2 vertebrae been taken and examined?
Athlete's Mailing Address		Parent's/Guardian's (Please Circle One) Home Address		Yes No
				Date of X-ray
Athlete's City		Parent's/Guardian's City		Is the athlete deal of Atlantoaxia Histability: Yes □ No □
				Does the athlete have or is the athlete:
State Zip Code		State Zin Code		
				Yes
				Blind Yes No
	□ Black/African American □ Asian	Parent's/Guardian's		Yes
☐ Hispanic/Latino	Other	Home Telephone		titis Yes □
HEALTH INSURANCE & E	HEALTH INSURANCE & EMERGENCY INFORMATION (Required for Processing)	ired for Processing)		Other
Person to be contacted		Emergency		Current Medication Dosage
in case of emergency		Contact Phone ()		
Medical Insurance Company		Policy Number		
		i		
PARENT AND/OR GUARD I, on my own behalf or as the undersign participate in Special Olympics program Against Youth Registry and understand on either Renistry but has since been re	PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA R, on my own behalf or as the undersigned parent and/or legal guardian of the above named apparticipate in Special Olympics programs. I acknowledge that Special Olympics will screen all e Against Youth Registry and understand that entransi listed on either Registry will be denied par on either Registry will be denied par on either Registry will be denied par	PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE  I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all entrants using the Sex Offender Public Registry and the Child Murder and Violent Offender Against Yound Registry and understand that entrants listed on either Registry will be denied participation. I affirm that this Entrant base never been on said Registries or, if Entrant was listed on either Registry will be denied participation. I affirm that this snever been on said Registries or, if Entrant was listed on either Registry will be denied participation. I advise never been enowed I will contact Special Olympics Illinois for instructions before submitting this another been removed.	equest permission for the Entrant to Child Murder and Violent Offender said Registries or, if Entrant was listed	Allergies to medication, if any:
I represent and warrant to you that the E	Entrant is physically and mentally able to participate	The carried state of the control of	nedical certificate. I understand that if	Date of last Tetanus shot:
unless a full radiological examination es	carrilot participate in sports of events which, by the tablished the absence of Atlantoaxial Instability. I am	the arriver has bown syndrome, he/she cannot participate in sports of events which, by their harder lessurant may be essentially be sported in the neck of upper spine unless a full radiological examination established the absence of Atlantoaxial Instability. I am aware that the sports and events for which this radiological examination is required are	pressure on the neck of upper spine cal examination is required are	
equestrian sports, artistic gymnastics, d.	iving, pentathlon, high jump, alpine skiing, soccer, so	equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer skills, powerlifting squat, and butterfly stroke and diving starts in swimming. On behalf of the Extract and mycelf 1 actional and the Entract will be using facilities at his/har man risk and 1 nm my num behalf hareby release discharge and indemnify Special	ing starts in swimming.	I have examined the above-hamed Entrant and, in my opinion, there is no
Olympics from all liability for injury to per	On behalf of the Entraint and myself, hacknowledge that the Entrain will be using facilities at Olympics from all liability for injury to person or damage to property of myself and Entrant.	istrer own risk and i, on my own behalf, hereby release,		mental or physical reason why he or
In permitting the Entrant to participate, I newspapers, magazines and other medi	am specifically granting permission to Special Olymia. and in any form not heretofore described, for the	In permitting the Entrant to participate, I am specifically granting permission to Special Olympics Illinois to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in	trant in television, radio, films, d activities of Special Olympics and in	sne snould not participate in the Special Olympics sports training and
appealing for funds to support such activindividual screening assessments of hee	vities. I understand that by singing below I consent fralth status and health care needs. The Entrant has n	appealing for funds to support such activities. I understand that by singing below I consent for the Entrant to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Entrant has no obligation to participate and I understand the Entrant should seek his/her own medical advice	ny Athletes Program that provides ould seek his/her own medical advice	competition program. Further information will be forwarded if required.
and assistance and Special Olympics is	not responsible for the Entrant's health.			Current medication, if any, is specified
If I am not personally present at Special account to take such measures and arra	If I am not personally present at Special Olympics activities in which the Entrant is to compete, account to take such measures and arrange for such medical and hospital treatment as you m	If I am not personally present at Special Olympics activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.	norized on my behalf and at my Entrant.	with dosage on this application.
I, THE UNDERSIGNED ADULT ENTRA	ANT, have read and fully understand the provi-	I, THE UNDERSIGNED PARENT AND/OR GUARDIAN of the above specified Entrant,	N of the above specified Entrant,	Examination Date
sions of the above release and/or have bound thereby and I shall defend Specie firmation thorog	sions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Illinois and hold it harmless from disaf-	nave read and unity understand the provisions of the above release and have explained them to said Entrant. I hereby agree that hand said minor will be bound thereby, and I shall defend cheated the control of the provision of t	bove release and nave explained them ill be bound thereby, and I shall defend disaffirmation thereof by said minor	Doctor's Signature
Entrant		Signature of Parent	ל מוסמווווומנוסו נוופוסט בץ סמום וווווסן.	Print Name
☐ Athlete is own guardian		and/or Legal Guardian □(Check appropriate box)		Address
Witness	Date	Print Name	Date	CityStateZip
Athlete's Email Address		Parent's Email Address		Phone ()

#### WHAT DO THOSE SYMBOLS MEAN?

Symbols may appear next to some of our programs, indicating participants should be aware of the following:

#### **=** Transportation

If you see this symbol, it indicates that transporation is provided for residents of our member districts for this program to and from:

- Chillicothe (Shore Acres Park)
- Morton (Morton Freedom Hall)
- Washington (St. Clare's Crossing)

Please be sure to request this when registering.

#### = Consult Physician

Individuals with Down Syndrome are at risk of having a condition known as **Atlanto-Axial Subluxation**.

Please consult your physician prior to participation in programs marked with the symbol.

# R/NR = Resident/Non-Resident Rates

**R** refers to the rate residents of our member park districts pay for participation in a program while **NR** refers to the rate non-residents will pay.

# READY TO REGISTER?

# Here's what you need to know!

#### Forms Needed

The following forms need to be completed to process your registration:

- 1. 2018 Annual Information Form and other applicable forms on file for participant found at www.hirsra.org
- 2. One of the following:
  - Full payment
  - Payment Plan (for balances more than \$200)
  - Scholarship application with all supporting documentation and 10% down payment (can be found at www.hisra.org)

#### **Registration Procedure**

- Log into your WebTrac account beginning at 8:30am on August 21, 2018 to register for all programming! If you need assistance creating or logging into your WebTrac account, see page \_\_\_\_\_.
- If you are unable to register online, you can register at the HISRA office beginning at 8:30am on August 21, 2018.
   Please be sure to bring the Registration Form on pages 9-10 if you choose to register in person.



#### Reminders

- The registration deadline for all programs is 2 weeks prior to the start date of the program.
- To cancel your registration for a program, 2 weeks notice is needed in order to process a refund for your account.

For other questions regarding registration, please email abusler@peoriaparks.org or call our office at (309) 691-1929!

# 8 · www.hisra.org

# HISRA Fall 2018 REGISTRATION (page 1 of 2)

Name	of P	artic	cipa	nt:

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

#### **NOTE: HISRA'S TRANSPORTATION POLICY**

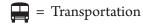
HISRA participants who request member district transportation for programming may only do so if the participant rides with HISRA to AND from the member district. We will no longer be able to accommodate participants who need rides only one way to or from HISRA.

Parents Night Out #1	HFH52501-01	9/14	\$25/\$35/Sibling \$10	N/A
Pizza and Pajama Party	HFH52201	9/21	\$22/\$28	Morton Chillicothe Washington
Bingo Night	HFH52202	10/5	\$15/\$20	Morton Chillicothe Washington
Parents Night Out #2	HFH52501-02	10/6	\$25/\$35/Sibling \$10	N/A
Hot Dogs S'mores and Ghost Stories	HFH52203	10/20	\$25/\$32	Morton Chillicothe Washington
Halloween Dance	HFH52204	10/29	\$15/\$20	Morton Chillicothe Washington
Parents Night Out #3	HFH52501-03	11/2	\$25/\$35/Sibling \$10	N/A
Friendsgiving	HFH52205	11/17	\$20/\$25	Morton Chillicothe Washington
Parents Night Out #4	HFH52501-04	12/1	\$25/\$35/Sibling \$10	N/A
Holidays at HISRA	HFH52206	12/8	\$20/\$25	Morton Chillicothe Washington
Holidays Dance	HFH52207	12/14	\$15/\$20	Morton Chillicothe Washington
Parents Day Out	HFH52502	12/15	\$20/\$25	N/A
MMUNITY BASED PROGRAMS				
Peoria PlayHouse	HFH54101	9/22	\$18/\$20	Morton Chillicothe Washington
Friday at the Fieldhouse	HFH54201	9/28	\$25/\$32	Morton Chillicothe Washington
Pizza & Bowling #1	HFH54202-01	9/29	\$30/\$40	Morton Chillicothe Washington
Blue Ridge Farm Bonfire	HFH54203	10/12	\$20/\$25	Morton Chillicothe Washington
Pizza & Bowling #2	HFH54202-02	10/19	\$30/\$40	Morton Chillicothe Washington
Friday Night Fiesta	HFH54204	10/26	\$25/\$32	Morton Chillicothe Washington
Pizza & Bowling #3	HSH54206	6/30	\$25/\$30	Morton Chillicothe Washington
Pizza & Bowling #3	HFH54202-03	11/3	\$30/\$40	Morton Chillicothe Washington
Peoria Players - ELF	HFH54205	11/16	\$37/\$47	Morton Chillicothe Washington
Festival of Lights	HFH54206	12/7	\$25/\$32	Morton Chillicothe Washington
HLETIC PROGRAMS				
Strikers (Please circle an option for transportation)	HFH54207	Begins 9/12	\$90/\$115	Walk from CWTC with HISRA staff C Meet at Landmark
Special Olympics Young Athletes	HFH56101	Begins 9/16	\$5	N/A
Special Olympics Basketball Skills	HFH56501	Begins 10/9	\$22/\$28	N/A
Special Olympics Basketball Team	HFH56502	Begins 10/9	\$40/\$50	N/A
		TOTAL	\$	Must complete form on b

#### **HISRA Transportation Policies/Information**

HISRA participants who request member district transportation for programming may only do so if the participant rides with HISRA to AND from the member district.

It is the responsibility of the participant/guardian to call the HISRA office and dial our Program and Weather Information line for all program and transportation times and additional information. HISRA will not directly contact participants with this information.





# HISRA Fall 2018 REGISTRATION FORM (page 2 of 2)

1. PARTICIPANT INFORMATION		
Full Name of Participant:		
Birthdate: / / Age:	N	Male/Female (CIRCLE ONE)
Mailing Address (program info & receipts sent will be sent here	e):	
Street:		
<u>City:</u>	State:	ZIP:
Phone: Ema	il:	
Disability:		
Legal Guardian Full Name:		
Legal Guardian Phone:		
Contact in case of program change: Name:		Phone:
2. WAIVER (MUST be signed for participation)  As a participant, I recognize and acknowledge that there are certain risks damages, or loss which I may sustain as a result of participating in any and all activitic claims I may have as a result of participating in the program against the Heart of Illin I do hereby fully release and discharge the Heart of Illinois Special Recreation Associant injuries, including death, damage, or loss which I may have or which may accrue to rethat the terms such as "participating," "programs," and "activities," referred to in the am participating in these programs and further include the provision of or failure to machinery, equipment, and apparatus, and anything related to my use of the services any events. I authorize HISRA staff to dispense prescribed medications in their original understand the nature of these programs for which I am registering, and understand that any advisements or warnings of the particular risks of these program part of this Agreement. Additionally, in order that the Heart of Illinois Special Recreation staff to access relevant education and/or medical	ies connected with or associations Special Recreation Association and its officers, agents me on account of my particip Agreement, include all exerciprovide proper instructions, facilities, or premises involvinal container or accompanied fully understand this Waivens that I subsequently receives atton Association may better	ted with such program. I agree to waive and relinquish all ciation and its officers, agents, servants, and employees. It, servants, and employees from any and all claims from ation in the program. I further understand and agree asses and physical movements of any nature while I or supervision, the use and adjustment of any and all wed in these programs, and transportation to and from ad by a copy of a signed prescription to me/my child. The Release, and Hold Harmless Agreement. I further the will be incorporated by reference into and become a reserve the interests of myself/my child, I hereby grant
Illinois SRA brochures, publications, or promotional materials.		
DON'T FORGET! Signatur	re of Legal Guardian	Date
3. PAYMENT  ☐ Check ☐ Cash ☐ Credit Card Please call HISRA at 691-1929 with credit card info.	☐ Third-Party Payo ☐ Payment Plan fo	ISRA if scholarship funds are needed.
4 RETURN WITH DAVMENT TO- HISRA		

8727 N. Pioneer Rd. Peoria, IL 61615

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Maybe take and send me a new exterior shot of building for here??



# 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 9/3, 11/12, 11/22, 11/23, 12/24, 12/25, 12/31, 1/1/19

HISRA is the result of a desire on the part of four 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.

#### **INCLUSION SERVICES**

Is there a Chillicothe, Morton, Peoria or Washington Park District program you would like to participate in, but wonder if you might need some assistance from HISRA? Visit our website and fill out an Inclusion Request Form. We will assess the participant or athlete, contact the park district staff in regards to the program and provide assistance as appropriate!

#### **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
Kevin Yates
Joel Dickerson
Shaun Bill
Tim Cassidy
Joyce Harant
Brian Tibbs
Lorelei Cox

#### 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



Ashlynn has worked various HISRA programs since 2014 including Camp Free to Be, FOCUS, Special Olympics sports, and night/weekend programs. In 2015, she became HISRA's administrative assistant. In September 2016,

Ashlynn accepted the position of full time Administrative Assistant/Coordinator of Business Services. 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. She is now the Program Coordinator for FOCUS and center based programs. Mary graduated from Bradley University in 2013.

#### **Brooke Williams, Administrative Assistant**



Brooke is new to the HISRA team as of November 2017. Prior to taking time off to be home with her children and working as a running coach, she worked in GIS and Project Management for wireless 911 services. Brooke

is thrilled to start a new chapter in serving individuals with disabilities and looks forward to being more active with Special Olympics.

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PRSRT STD U.S. Postage PAID Permit No. 247 Peoria, IL

#### OR CURRENT RESIDENT

Registration opens 8/21/18 and closes 2 weeks prior to each program start date!

Call 691-1929 or fax 691-4383 www.hisra.org

# Join Us for Our Game Day!

Saturday, January 5





Game Day is a HISRA Special Olympics invitational basketball tournament. We host Special Olympics basketball teams from all over the state!

Please contact the HISRA office if you are interested in volunteering for this event.