



Heart of Illinois Special Recreation Association

# SUMMER CAMP

## 2020



## Get Ready for SUPER Summer Fun!

Avoid visiting our office and standing in line -  
take advantage of **online registration** for  
Camp Free to Be and Summer Daze!

*Registration opens January 16 at 8:30 am 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.

**REGISTRATION DEADLINE for Camp Free to Be is 5/1/20.**

**After the deadline, you may call our office at (309) 691-1929 to be placed on the waitlist.**

Code	Dates	Weekly Fee-R/NR
HWH51101-01	6/1-6/5	\$150/\$190
HWH51101-02	6/8-6/12	\$150/\$190
HWH51101-03	6/15-6/19	\$150/\$190
HWH51101-04	6/22-6/26	\$150/\$190
HWH51101-05	6/29-7/2	\$120/\$152
HWH51101-06	7/6-7/10	\$150/\$190
HWH51101-07	7/13-7/17	\$150/\$190
HWH51101-08	7/20-7/24	\$150/\$190
HWH51101-09	7/27-7/31	\$150/\$190







# Summer Daze

**DAILY REGISTRATION OFFERED!**

**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 art 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! **IMPORTANT:** 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.

**REGISTRATION DEADLINE for Summer Daze is 5/1/20.**

**After the deadline, you may call our office at  
(309) 691-1929 to be placed on the waitlist.**

## **Dates**

6/1-6/4  
6/8-6/11  
6/15-6/18  
6/22-6/25  
6/29-7/2  
7/6-7/9  
7/13-7/16  
7/20-7/23

## **Daily R/NR Fee**

\$37.50/\$47.50 PER DAY  
\$37.50/\$47.50 PER DAY  
\$37.50/\$47.50 PER DAY  
\$37.50/\$47.50 PER DAY  
\$37.50/\$47.50 PER DAY  
\$37.50/\$47.50 PER DAY  
\$37.50/\$47.50 PER DAY  
\$37.50/\$47.50 PER DAY



# Before & After Care for Camps



## AM Extended Care

Are you enrolling a camper in Camp Free to Be or Summer Daze that needs to be dropped off prior to the start of camp? HISRA can help out with that! You may sign up for the entire summer, or by week as needed.

**REGISTRATION DEADLINE for Extended Care is 5/1/20.**

### AM Extended Care Available:

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

*\*NOTE: No AM Care on Friday, July 3.*

<b>Code</b>	<b>Dates</b>	<b>R/NR Fee</b>
HWH51103-01	6/1-6/5	\$25/\$35
HWH51103-02	6/8-6/12	\$25/\$35
HWH51103-03	6/15-6/19	\$25/\$35
HWH51103-04	6/22-6/26	\$25/\$35
HWH51103-05	6/29-7/2*	\$20/\$28
HWH51103-06	7/6-7/10	\$25/\$35
HWH51103-07	7/13-7/17	\$25/\$35
HWH51103-08	7/20-7/24	\$25/\$35
HWH51103-09	7/27-7/31	\$25/\$35

## PM Extended Care

Does your Camp Free to Be or Summer Daze camper need to be picked up after scheduled camp hours? HISRA can help out with that! You may sign up for the entire summer, or by week as needed.

**REGISTRATION DEADLINE for Extended Care is 5/1/20.**

### PM Extended Care Available:

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

*\*NOTE: No PM Care on Friday, July 3.*

<b>Code</b>	<b>Dates</b>	<b>R/NR Fee</b>
HWH51104-01	6/1-6/5	\$25/\$35
HWH51104-02	6/8-6/12	\$25/\$35
HWH51104-03	6/15-6/19	\$25/\$35
HWH51104-04	6/22-6/26	\$25/\$35
HWH51104-05	6/29-7/2*	\$20/\$28
HWH51104-06	7/6-7/10	\$25/\$35
HWH51104-07	7/13-7/17	\$25/\$35
HWH51104-08	7/20-7/24	\$25/\$35
HWH51104-09	7/27-7/31	\$25/\$35

## HISRA Summer Camp Transportation

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 be provided to campers who are non-residents of our member districts, but only if space is available; non-resident campers will be charged a fee for transportation. Pick-up and drop-off times will be determined at the close of registration. **REGISTRATION DEADLINE for Member District Transportation for HISRA camps is 5/1/20.**

<b>Dates</b>	<b>CHILLICOTHE</b> Shore Acres Park, 100 Park Blvd.	<b>MORTON</b> Morton Freedom Hall, 349 W Birchwood St.	<b>WASHINGTON</b> St. Clare's Crossing, 10 Saint Clare Court	<b>Fee-R/NR</b>
6/1-6/5	HWH51105-01	HWH51106-01	HWH51107-01	\$0/\$25
6/8-6/12	HWH51105-02	HWH51106-02	HWH51107-02	\$0/\$25
6/15-6/19	HWH51105-03	HWH51106-03	HWH51107-03	\$0/\$25
6/22-6/26	HWH51105-04	HWH51106-04	HWH51107-04	\$0/\$25
6/29-7/2	HWH51105-05	HWH51106-05	HWH51107-05	\$0/\$25
7/6-7/10	HWH51105-06	HWH51106-06	HWH51107-06	\$0/\$25
7/13-7/17	HWH51105-07	HWH51106-07	HWH51107-07	\$0/\$25
7/20-7/24	HWH51105-08	HWH51106-08	HWH51107-08	\$0/\$25
7/27-7/31	HWH51105-09	HWH51106-09	HWH51107-09	\$0/\$25

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.

Peoria City/County (309) 999-3667 • We Care Inc. (309) 253-7708

# FORM #1: HISRA 2020 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 address ALL sections and questions.

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 2020 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: \_\_\_\_\_

☐ Independently

## 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 (circle): S M L XL 2X 3X 4X

Short size(circle): S M L XL 2X 3X 4X

## 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*

*Participant Address*

*City*

*State*

*ZIP*

INTERNAL USE ONLY

\_\_\_\_ #2 SCP

\_\_\_\_ #3 PCR

\_\_\_\_ #4 Med Dis

\_\_\_\_ #5 Release

\_\_\_\_ #7 Med App

\_\_\_\_ #8 WPFC

Helpful additional information for HISRA staff:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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 camps must be paid in full by 6/15/20.**

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

# Registration Options

## OPTION 1:

### Set up a WebTrac account NOW, and REGISTER ONLINE starting

**January 16 at 8:30 am 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 May 1, 2020!*

1. Go to [www.hisra.org](http://www.hisra.org).
2. Click on the "Forms & Downloads" tab
3. Click the red link to fill out these forms electronically:
  - FORM 1: 2020 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 16 at 8:30 am 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 16 at 8:30 am 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 May 1, 2020.**

## 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 16 at 8:30 am 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](http://www.hisra.org)! See page 11 for details.



# HISRA SUMMER 2020 REGISTRATION FORM (p. 1 of 2)

## Camp Free to Be (CFTB)

X	Code	Day-Date	Weekly Fee-R/NR
	HWH51101-01	6/1-6/5	\$150/\$190
	HWH51101-02	6/8-6/12	\$150/\$190
	HWH51101-03	6/15-6/19	\$150/\$190
	HWH51101-04	6/22-6/26	\$150/\$190
	HWH51101-05	6/29-7/2	\$120/\$152
	HWH51101-06	7/6-7/10	\$150/\$190
	HWH51101-07	7/13-7/17	\$150/\$190
	HWH51101-08	7/20-7/24	\$150/\$190
	HWH51101-09	7/27-7/31	\$150/\$190

## Summer Daze

CIRCLE DATES you are registering for:

M	Tu	W	Th	DAILY Fee-R/NR
6/1	6/2	6/3	6/4	\$37.50/\$47.50
6/8	6/9	6/10	6/11	\$37.50/\$47.50
6/15	6/16	6/17	6/18	\$37.50/\$47.50
6/22	6/23	6/24	6/25	\$37.50/\$47.50
6/29	6/30	7/1	7/2	\$37.50/\$47.50
7/6	7/7	7/8	7/9	\$37.50/\$47.50
7/13	7/14	7/15	7/16	\$37.50/\$47.50
7/20	7/21	7/22	7/23	\$37.50/\$47.50

# of Summer Daze dates \_\_\_\_ x \$37.50/\$47.50 = \$ \_\_\_\_\_

## AM Extended Care

X	Code	Day-Date	Weekly Fee-R/NR
	HWH51103-01	6/1 - 6/5	\$25/\$35
	HWH51103-02	6/8 - 6/12	\$25/\$35
	HWH51103-03	6/15 - 6/19	\$25/\$35
	HWH51103-04	6/22 - 6/26	\$25/\$35
	HWH51103-05	6/29 - 7/2*	\$20/\$28
	HWH51103-06	7/6 - 7/10	\$25/\$35
	HWH51103-07	7/13 - 7/17	\$25/\$35
	HWH51103-08	7/20 - 7/24	\$25/\$35
	HWH51103-09	7/27 - 7/31	\$25/\$35

## PM Extended Care

X	Code	Day-Date	Weekly Fee-R/NR
	HWH51104-01	6/1 - 6/5	\$25/\$35
	HWH51104-02	6/8 - 6/12	\$25/\$35
	HWH51104-03	6/15 - 6/19	\$25/\$35
	HWH51104-04	6/22 - 6/26	\$25/\$35
	HWH51104-05	6/29 - 7/2*	\$20/\$28
	HWH51104-06	7/6 - 7/10	\$25/\$35
	HWH51104-07	7/13 - 7/17	\$25/\$35
	HWH51104-08	7/20 - 7/24	\$25/\$35
	HWH51104-09	7/27 - 7/31	\$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	Days-Dates	Weekly Fee-R/NR
	HWH51105-01	6/1 - 6/5	\$0/\$25
	HWH51105-02	6/8 - 6/12	\$0/\$25
	HWH51105-03	6/15 - 6/19	\$0/\$25
	HWH51105-04	6/22 - 6/26	\$0/\$25
	HWH51105-05	6/29 - 7/2	\$0/\$20
	HWH51105-06	7/6 - 7/10	\$0/\$25
	HWH51105-07	7/13 - 7/17	\$0/\$25
	HWH51105-08	7/20 - 7/24	\$0/\$25
	HWH51105-09	7/27 - 7/31	\$0/\$25

Morton Transportation			Location: Freedom Hall
X	Code	Day-Date	Weekly Fee-R/NR
	HWH51106-01	6/1 - 6/5	\$0/\$25
	HWH51106-02	6/8 - 6/12	\$0/\$25
	HWH51106-03	6/15 - 6/19	\$0/\$25
	HWH51106-04	6/22 - 6/26	\$0/\$25
	HWH51106-05	6/29 - 7/2	\$0/\$20
	HWH51106-06	7/6 - 7/10	\$0/\$25
	HWH51106-07	7/13 - 7/17	\$0/\$25
	HWH51106-08	7/20 - 7/24	\$0/\$25
	HWH51106-09	7/27 - 7/31	\$0/\$25

Washington Transportation			Location: St. Clare's Crossing
X	Code	Day-Date	Weekly Fee-R/NR
	HWH51107-01	6/1 - 6/5	\$0/\$25
	HWH51107-02	6/8 - 6/12	\$0/\$25
	HWH51107-03	6/15 - 6/19	\$0/\$25
	HWH51107-04	6/22 - 6/26	\$0/\$25
	HWH51107-05	6/29 - 7/2	\$0/\$20
	HWH51107-06	7/6 - 7/10	\$0/\$25
	HWH51107-07	7/13 - 7/17	\$0/\$25
	HWH51107-08	7/20 - 7/24	\$0/\$25
	HWH51107-09	7/27 - 7/31	\$0/\$25

**Add program fees from columns 1 & 2 for SUBTOTAL**

\$

Must complete registration form on back.

# HISRA SUMMER 2020 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.

**DON'T FORGET!**

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 on serving individuals with disabilities for more than 20 years. In 2002, Katie joined HISRA as Executive Director. Since that time, Katie has overseen the addition of two park districts to HISRA’s service area; the creation of the Peoria Wildcats, the only wheelchair basketball team between Chicago and St. Louis; the inclusion of runners with disabilities in local training programs and races, 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.

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.

Brooke Williams, Office Manager



Brooke joined the HISRA team as an Administrative Assistant in 2017 and is excited to have recently moved into the position of Office Manager. Prior to choosing to stay home with her children, she worked in GIS and project management for 911 services. In her free time, she enjoys spending time with her family, running, and helping others reach their running goals!

Ricky Hawkins, Administrative Assistant



Ricky is excited to be the newest member of the HISRA team! Before coming on, he was an educator and tutor specializing in high school math and science. He is also a fitness instructor whose passions include teaching and helping everyone succeed. Aside from assisting the administration, he hopes to also get involved with the night/weekend programs, summer camps, and Special Olympics!



**HEART OF ILLINOIS  
SPECIAL RECREATION ASSOCIATION**  
8727 N. Pioneer Rd. • Peoria, IL 61615

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.

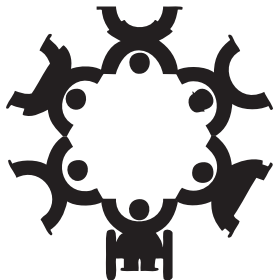
INCLUSION SERVICES

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  | Chillicothe |
| Kevin Yates    | Chillicothe |
| Shaun Bill     | Morton      |
| Joel Dickerson | Morton      |
| Joe Cassidy    | Peoria      |
| Robert Johnson | Peoria      |
| Lorelei Cox    | Washington  |
| Brian Tibbs    | Washington  |





**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: 12/24, 12/25, 12/31, 1/1, 1/20, 3/16, 3/17, 5/25, 7/3, 7/4*

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**OR CURRENT RESIDENT**

Registration opens January 16 at 8:30 am

## HISRA Would Your Help!



### Can You Volunteer Your Time?

HISRA programs rely on volunteers who generously give their time so that our participants can fully enjoy inclusive, recreational opportunities. This season we especially need volunteers for:

Special Olympics • Track and Field  
Aquatics • Young Athletes • FOCUS

If you have the ability to **lend a hand**, please visit:  
[www.hisra.org/about-us/volunteer](http://www.hisra.org/about-us/volunteer)

### Can You Make a Donation?



If you've been blessed with the ability to make a monetary donation, our organization would be grateful to receive it! All funds work directly to support the quality programs and activities HISRA provides.

If you would like to **make a donation**, please visit:  
[www.hisra.org/donate](http://www.hisra.org/donate)