

What's Happening at

NOVEMBER/DECEMBER 2020

HISRA!

Heart of Illinois Special Recreation Association, 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@hisra.org

Pottery & Treats @ HISRA

Age:15+



Purple, pink, orange or blue , we want to paint pottery with you! Join us as we spend the night making master pieces. Fired Up in Peoria Heights is supplying HISRA with everything we need for our night. After we paint, we'll satisfy our sweet tooth with a treat from a local shop.

Code	Day-Date	Time	Fee-R/NR
HFH52211	Sa:11/7	6-9 pm	\$32/\$37

Relationships 101

Age:18+

Relationships are hard but HISRA is here to help walk you through it. On the second Monday of each month you'll learn



more about yourself and define what you are looking for in a relationship, understand what it is like to date, and what it means to be in a healthy relationship. We will meet four times, and at the end of the program we will have a different speed dating night event where

other individuals will join us to practice what we learned throughout the course.

Code	Day-Date	Time	Fee-R/NR
HFH52215	M-11/9, 12/14, 1/11 & 2/8	6-8 pm	\$50/\$60

Young Adult Social Night

Age: 17-30

Are you looking for a fun, inexpensive night hanging out with friends? Look no further than HISRA's Social! During the evening we will play games, eat snacks, create art and more.

Code	Day-Date	Time	Fee-R/NR
HFH52213	Sa-11/14	6-8 pm	\$10/\$12

Adult Social Night

Age: 31+

Are you looking for a fun, inexpensive night hanging out with friends? Look no further than HISRA's Social! We'll play games, eat snacks, create art and much more!

Code	Day-Date	Time	Fee-R/NR
HFH52212	Sa-11/21	6-8 pm	\$10/\$12

Burgers from Brasky's

Age:17+

Enjoy a Saturday night in with friends as we order food from the popular bar and grill, Brasky's.

While we wait for our food to be delivered to HISRA, we'll play games and hang out with friends. The cost of your meal will be included in the program fee.



Code	Day-Date	Time	Fee-R/NR
HFH52214	F-12/11	6-9 pm	\$30/\$38

Santa's Workshop

Age:10+

Christmas is just around the corner and we want to make sure we've gotten everything off our shopping list before it's too late.

Join us at HISRA as we make gifts for our loved ones. We will have stations setup for everyone to make gifts and wrap them to take home. We can't do all that work without any food! We'll have dinner and have some Christmas fun along the way.



Code	Day-Date	Time	Fee-R/NR
HFF52502	Sa-12/12	3-8 pm	\$25/\$35

REGISTER ONLINE at:

www.hisra.org/programs



PLEASE NOTE:

All programs will take place at HISRA. Transportation is not provided. Participants must wear face coverings when 6 foot distance cannot be maintained.

HISRA November/December 2020 REGISTRATION FORM

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

X	Title	Code	Dates	Fee-R/NR (circle)
	Pottery & Treats	HFH52211	11/7	\$32/\$37
	Relationships 101	HFH52215	11/9, 12/14, 1/11 & 2/8	\$50/\$60
	Social Butterflies	HFH52208-02	11/12	\$10/\$12
	Young Adult Social Night	HFH52213	11/14	\$10/\$12
	Adult Social Night	HFH52212	11/21	\$10/\$12
	Social Butterflies	HFH52208-03	12/3	\$10/\$12
	Burgers from Brasky's	HFH52214	12/11	\$30/\$38
	Santa's Workshop	HFF52502	12/12	\$25/\$35
TOTAL				\$

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: _____ Email address: _____

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

Check

Cash

Credit Card

Please call HISRA at 691-1929 with credit card info.

Requesting Scholarship

Please contact HISRA if scholarship funds are needed.

Third-Party Payor

Payment Plan for balances over \$200

Please contact HISRA if payment plan options are needed.

4. RETURN WITH PAYMENT TO: HISRA, 8727 N. Pioneer Rd., Peoria, IL 61615