

SUMMER CAMP
2023
JUNE-JULY



HISRA registration

A COOPERATIVE EXTENSION OF THE
MORTON, PEORIA, CHILLICOTHE,
AND WASHINGTON PARK DISTRICTS
PROVIDING QUALITY RECREATION
PROGRAMMING AND INCLUSION
SERVICES.

CONTACT US › 309.691.1929 › HISRA.ORG › [FB @HEARTOFILSRA](https://www.facebook.com/HEARTOFILSRA)

HEART OF ILLINOIS SPECIAL RECREATION ASSOCIATION › 8727 PIONEER RD. PEORIA, IL 61615

FROM US, TO YOU

Welcome Summer!

Here at HISRA, we're excited for another summer of fun and memories. As the weather gets better and we welcome the warmer temperatures, we also welcome our friends back to our summer camps for a season that will be jam-packed full of activities.

Are you looking for an adventure this summer? Come on and join the fun at Summer Daze, where we spend our days out in the community and explore all of what Central Illinois has to offer.

Our center-based camp, Camp Free To Be, is run for 8 weeks at our HISRA facility in Peoria. This ensures it is a safe, magical, and enriching environment for your camper to make friends and participate in a wide-variety of exciting activities such as arts & crafts, P.E., swimming, music, and more!

Whatever your camper's needs, HISRA ensures with our hand-picked staff that your camper has a fun, safe, and memorable summer!

REGISTER AT:

ONLINE: [HISRA.ORG](https://www.hisra.org)
FAX: 309.691.1929

DROP OFF IN LOCKED DROP BOX
IN PERSON

8727 N PIONEER RD, PEORIA, IL 61615
M-W: 8:30 am - 4 pm
Th-F: Call for appointment
Office closed: 12 - 1 pm

Reach out for more information on

Volunteering, coaching, job openings, FOCUS, and any other questions or concerns.



► registration begins **FEBRUARY 6, 2023**

Registration deadlines are two weeks prior to the start date of each program. Unless otherwise specified, all events held at Heart of Illinois Special Recreation Association located at 8727 N PIONEER RD, PEORIA, IL 61615.

CAMP FREE TO BE

HISRA CAMP FREE TO BE

Come join the fun and sign up for Camp Free to Be today! This camp provides exciting activities for eight 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 they will encounter. All campers need to bring a sack lunch and drink daily.

Please note the registration deadline for Camp Free to Be is 5/1/23. If you are interested in HISRA camps after our registration deadline, please call our office at (309) 691-1929 to be placed on the wait list.



[AGES 4-21]

Date	Day	Time	R/NR Fee	Class #
6/5-6/9	M-F	8:30A-4:00P	\$170/\$221	HWH51101-01
6/12-6/16	M-F	8:30A-4:00P	\$170/\$221	HWH51101-02
6/19-6/23	M-F	8:30A-4:00P	\$170/\$221	HWH51101-03
6/26-6/30	M-F	8:30A-4:00P	\$170/\$221	HWH51101-04
7/5-7/7	W-F	8:30A-4:00P	\$102/\$133	HWH51101-05
7/10-7/14	M-F	8:30A-4:00P	\$170/\$221	HWH51101-06
7/17-7/21	M-F	8:30A-4:00P	\$170/\$221	HWH51101-07
7/24-7/28	M-F	8:30A-4:00P	\$170/\$221	HWH51101-08



SUMMER DAZE

HISRA SUMMER DAZE

Are you looking for a fun adventure this Summer? Come join Summer Daze and enjoy teen summer activities around Central Illinois. You'll spend your days swimming, hiking, bowling, fishing and much more! All campers need to bring a sack lunch and drink daily. Summer Daze is designed for campers ages 13-21 who are independent in self-care skills. Campers are active on a daily basis and take part in outdoor activities frequently. Please call our office at (309) 691-1929 for questions regarding camper eligibility. **IMPORTANT:** Summer Daze is a Monday-Thursday camp and registration is by the week instead of by the day.



[AGES 13-21]

Date	Day	Time	R/NR Fee	Class #
6/5-6/8	M-Th	8:30A-3:30P	\$156/\$203	HWH51102-01
6/12-6/15	M-Th	8:30A-3:30P	\$156/\$203	HWH51102-02
6/19-6/22	M-Th	8:30A-3:30P	\$156/\$203	HWH51102-03
6/26-6/29	M-Th	8:30A-3:30P	\$156/\$203	HWH51102-04
7/5-7/6	W-Th	8:30A-3:30P	\$78/\$102	HWH51102-05
7/10-7/13	M-Th	8:30A-3:30P	\$156/\$203	HWH51102-06
7/17-7/20	M-Th	8:30A-3:30P	\$156/\$203	HWH51102-07
7/24-7/27	M-Th	8:30A-3:30P	\$156/\$203	HWH51102-08







Name: _____

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

X	TITLE	DATES	DAYS/TIME	FEE - R/NR
	Camp Free To Be	6/5-6/9	M-F 8:30A-4:00P	\$170/\$221
	Camp Free To Be	6/12-6/16	M-F 8:30A-4:00P	\$170/\$221
	Camp Free To Be	6/19-6/23	M-F 8:30A-4:00P	\$170/\$221
	Camp Free To Be	6/26-6/30	M-F 8:30A-4:00P	\$170/\$221
	Camp Free To Be	7/5-7/7	W-F 8:30A-4:00P	\$102/\$133
	Camp Free To Be	7/10-7/14	M-F 8:30A-4:00P	\$170/\$221
	Camp Free To Be	7/17-7/21	M-F 8:30A-4:00P	\$170/\$221
	Camp Free To Be	7/24-7/28	M-F 8:30A-4:00P	\$170/\$221
	Summer Daze	6/5-6/8	M-Th 8:30A-3:30P	\$156/\$203
	Summer Daze	6/12-6/15	M-Th 8:30A-3:30P	\$156/\$203
	Summer Daze	6/19-6/22	M-Th 8:30A-3:30P	\$156/\$203
	Summer Daze	6/26-6/29	M-Th 8:30A-3:30P	\$156/\$203
	Summer Daze	7/5-7/6	W-Th 8:30A-3:30P	\$78/\$102
	Summer Daze	7/10-7/13	M-Th 8:30A-3:30P	\$156/\$203
	Summer Daze	7/17-7/20	M-Th 8:30A-3:30P	\$156/\$203
	Summer Daze	7/24-7/27	M-Th 8:30A-3:30P	\$156/\$203
TOTAL COST:				

HISRA Transportation Policies & Instructions

HISRA programs will start and end at the HISRA building located at 8727 N. Pioneer Road unless noted in the brochure or if you registering for member district transportation. It is up to the participant/guardian to setup alternative plans prior to the program. Please do so by calling (309) 691-1929. If you are riding member district transportation, please call our program and weather line at (309) 691-1929 ext. 1111 for pickup/drop off times, location and on call staff.



PARTICIPANT REGISTRATION

IN ORDER TO BE REGISTERED FOR A PROGRAM, ALL THE FOLLOWING INFORMATION/WAIVER MUST BE FILLED OUT, SIGNED, & SENT BACK TO HISRA WITH PAYMENT. MAIL/DROP IT OFF TO 8727 N PIONEER RD. PEORIA, IL 61615. PAPER-WORK CAN ALSO BE FAXED TO (309) 691-1929. **THIS MUST BE SUBMITTED WITH THE ANNUAL INFORMATION FORM.**

INFORMATION

FULL NAME OF PARTICIPANT:

MAILING ADDRESS:

(Program info will
be sent here)
-Street, City,
State, & Zip

MALE / FEMALE (circle one)

DISABILITY:

PHONE:

BIRTHDAY // AGE:

PRIMARY EMAIL ADDRESS:

* This email is associated
with RecTrac & Receipts*

☐ This is an updated email

LEGAL GUARDIAN FULL NAME:

TO REGISTER, MAKE SURE YOU HAVE AN UPDATED ANNUAL INFORMATION FORM ON FILE

☐ Filled out the form online at <https://forms.hisra.org>

☐ Have an updated form attached to Registration

☐ Have already submitted a form for this current year

LEGAL GUARDIAN PHONE:

PAYMENT

☐ CHECK

☐ CASH

☐ CREDIT CARD (Contact HISRA at (309) 691-1929
or register online via WEBTRAC)

☐ REQUESTING SCHOLARSHIP (Contact HISRA at (309) 691-1929)

☐ THIRD-PARTY PAYOR

☐ PAYMENT PLAN FOR BALANCES OVER \$200 (10% Down required)

TOTAL ENCLOSED:

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:

WRITTEN NAME:

Date of Signature:

/ /
MONTH DAY YEAR

FORM #1: HISRA 2023 ANNUAL INFORMATION FORM

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. Contact HISRA to make changes on this form once submitted. **THIS FORM MUST BE SUBMITTED WITH THE PARTICIPANT REGISTRATION FORM.**

Please PRINT and do not abbreviate.

Participant Info

Participant Name: _____

Participant Cell: _____

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 had a seizure in last 5 years?

- ☐ 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 (check 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 (check all that apply)

- ☐ Has written behavior plan
- ☐ Understands what is said to him/her
- ☐ Uses communication device: _____
- ☐ Other communication: _____

- ☐ Can express needs
- ☐ Uses PECs
- ☐ Dislikes noises
- ☐ Physically aggressive
- ☐ Sexually aggressive
- ☐ Uses sign language
- ☐ Is easily frustrated
- ☐ Sensitive to touch
- ☐ Verbally 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 2023 ANNUAL INFORMATION FORM

Participant Name: _____

Support System

Is participant own guardian?

☐ Self

☐ Other: _____

Name: _____

Relation: _____

Phone: _____

Email: _____

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

☐ Participant

☐ Guardian

Name: _____

Alternate Emergency Contact - must be DIFFERENT than above:

Name: _____

Cell #: _____

Participant Lives:

Address: _____

Home Phone #: _____

☐ With parent(s)/family

☐ In a group home

Group Home Name: _____

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

____/____/____

Helpful additional information for HISRA staff:

When engaging in physical activities, participant:

☐ Knows physical limits and self-regulates

☐ Needs to be encouraged to push him/herself

☐ Should not exert self beyond _____

Anything else you feel staff should know:

Member District:

(circle): MPD CPD WPD PPD NR

INTERNAL USE ONLY

Required	Received	
		#2 Seizure Care Plan
		#3 Personal Care Reg.
		#4 Med Dispensing
		#5 Release
		#7 Med App _____
		#8 Payment

THIS MUST BE SUBMITTED WITH THE PARTICIPANT REGISTRATION FORM



**Heart of Illinois
Special Recreation
Association**

Heart of Illinois Special Recreation Association
P: (309) 691-1929 | F: (309) 691-4383 | hisra@peoriaparks.org
8727 North Pioneer Road, Peoria, IL 61615

FORM #3: PERSONAL CARE REQUEST FORM

IMPORTANT INFORMATION: Heart of Illinois Special Recreation Association ("HISRA") is committed to complying with the Americans With Disabilities Act (the "ADA") and providing reasonable modification/accommodation. Parents and guardians requesting personal services/care for their child/ward must understand and appreciate that many personal services are outside the scope of the ADA. HISRA reviews requests for personal care/services on a case-by-case basis. HISRA's handbook identifies certain personal care/services that are not provided by HISRA staff. At times, HISRA will voluntarily provide personal care/services that are outside the scope of the ADA. Various factors are taken into account, including, but are not limited to: staff resources, experience and expertise; the potential impact on the staff/participant ratio; the safety of the participant; physician authorization and approval; and other such pragmatic considerations.

NAME OF PARTICIPANT: _____ DATE: _____

Please list any and all personal services/care requests. Kindly understand that HISRA does not guarantee that it can comply with any specific request/need. Please use additional sheet of paper if necessary. **Please check all that apply and provide detailed information of each need:**

- ☐ Medication Dispensing _____
- ☐ Toileting Assistance _____
- ☐ Feminine Care Assistance _____
- ☐ Epinephrine Injections _____
- ☐ Inhaler Assistance _____
- ☐ Feeding Tube Management _____
- ☐ Diazepam Rectal Gel Delivery _____
- ☐ Suction Device Management _____
- ☐ Catheter Management _____
- ☐ IV Medications _____
- ☐ Tracheotomy Management _____
- ☐ Nebulizer Therapy _____
- ☐ Vagal Nerve Stimulator _____
- ☐ Insulin Pump Management _____
- ☐ Syringe Injections (insulin/other) _____
- ☐ Seizure Treatment _____
- ☐ Other: _____

A cooperative extension of the Chillicothe, Morton, Peoria, and Washington Park Districts providing quality recreation programs and services to individuals with disabilities.

FORM #3: PERSONAL CARE REQUEST FORM

NAME OF PARTICIPANT: _____
BIRTHDATE: _____/_____/_____

Please list any and all personal services/care requests.
Kindly understand that HISRA does not guarantee that it can comply with any specific request/need. **Check all that apply and provide detailed information of when requested; use additional sheet of paper if necessary.**

MOBILITY:

- ☐ **Electric Wheelchair**
- ☐ Needs no assistance
 - ☐ Some assistance (please explain) _____
- _____
- ☐ Participant should be transferred out of wheelchair every ____ hour(s) for ____ (mins/hours)
- ☐ **Manual Wheelchair**
- ☐ Needs no assistance
 - ☐ Some assistance (please explain) _____
- _____
- ☐ Full Assistance
 - ☐ May be secured in their wheelchair when being transported for HISRA programming (wheelchair provided is vehicle rated)
 - ☐ May be transferred from wheelchair to vehicle seat and secured by seatbelt when being transported for HISRA programming.
 - ☐ Participant should be transferred out of wheelchair every ____ hour(s) for ____ (mins/hours)
- ☐ **Walker/Cane**
- ☐ Needs no assistance
 - ☐ Some assistance (please explain) _____
- _____
- ☐ **Has difficulty navigating stairs**
- ☐ Needs assistance climbing stairs
 - ☐ Needs assistance descending stairs

TOILETING ASSISTANCE:

- ☐ **Completely independent but needs prompts**
- ☐ Reminder to use restroom every ____ hour(s)
 - ☐ Prompts to _____
(eg: wipe, wash hands, etc.)
- ☐ **Assistance dressing/undressing:**
- ☐ Manipulating buttons ☐ Manipulating zippers
 - ☐ Lowering buttons ☐ Raising buttons
- ☐ **Assistance wiping**
- ☐ Urination ☐ Bowel Movement
- ☐ **Menstrual Care Assistance (no tampons)**
- ☐ Reminders to change pad every ____ hour(s)
 - ☐ Assistance changing pad
- ☐ **Full Assistance**
- ☐ Wears diapers—should be changed every ____ hour(s)
 - ☐ Changed on the changing table
 - ☐ Changed in restroom while bearing
- *HISRA cannot assist with catheter management

DIET AND FEEDING:

- ☐ **Some assistance eating**
- ☐ Needs food cut into bite-sized pieces
 - ☐ Uses adaptive eating utensils (please list) _____
 - ☐ Uses adaptive drinking utensils (please list eg: straw, sippy cup) _____
- ☐ **Full assistance eating**
- ☐ Eating (please explain) _____
 - ☐ Drinking (please explain) _____
- ☐ **Has feeding tube*****
- ☐ HISRA staff will feed participant via feeding tube
 - ☐ HISRA staff will administer meds via feeding tube (fill out form #4: Med Dispensing Form)
- *** HISRA staff cannot reinsert feeding tubes
- ☐ **Has diet restrictions** (please list all and explain) _____
- _____
- ☐ **Has medically soft diet**
- ☐ Mechanical soft (please explain) _____
 - ☐ Puree (please explain) _____
 - ☐ Thickened foods
 - ☐ Nectar ☐ Honey ☐ Pudding
 - ☐ Thickened liquids
 - ☐ Nectar ☐ Honey ☐ Pudding
 - ☐ Other (please explain) _____
- _____
- ☐ **Other Personal Care Requests** (please explain) _____
- _____
- _____

Person Completing Form: _____

Date: ____/____/____

IMPORTANT INFORMATION: Heart of Illinois Special Recreation Association ("HISRA") is committed to complying with the Americans with Disabilities Act (the "ADA") and providing reasonable modifications/accommodation. Parents and guardians requesting personal services/care for the child/ward must understand and appreciate that many personal services are outside the scope of the ADA. HISRA reviews requests for personal care/services on a case by case basis. HISRA's handbook identifies certain personal care/services that are not provided by HISRA staff. At times, HISRA will voluntarily provide personal care/services that are outside the scope of the ADA. Various factors are taken into account, including, but are not limited to: staff resources, experience and expertise; the potential impact on the staff/participant ratio; the safety of the participant; physician authorization and approval; and other such pragmatic considerations.

HEART OF ILLINOIS SPECIAL RECREATION ASSOCIATION
FORM #9: HISRA CONFIDENTIAL SCHOLARSHIP APPLICATION

Applicant Name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Phone #: _____ Email: _____

Completed by: _____ Phone #: _____

Scholarship Request:

Program name

Cost/Fee

Applicant:

- ☐ Lives in a group home
☐ Is a foster child/in foster care
☐ Is supported by alternative family member
☐ Lives independently
☐ Other items to be considered by scholarship committee:

Required documentation:

- ☐ Down Payment (at least 10%)
☐ Driver's Licenses or State ID
☐ Copy of most recently tax return and/or 2 most recent paystubs for all household wage-earners
☐ Medical Card (Verified by _____)
☐ ACA forms

Household Info	Applicant	Adult	Adult	Child	Child	Child
Please print first name	_____	_____	_____	_____	_____	_____
Monthly income						
SSI						
Unemployment						
LINK, SNAP, or other public aid						
Child support, foster care payments, adoption subsidy						
Retirement, pension, etc.						
Other						

Office use only

Scholarship Awarded

R81 _____ R83 _____

_____ Entered into Rectrac



• HISRA •

HISRA • HISRA



Heart of Illinois Special Recreation Association
8727 Pioneer Road
Peoria, IL 61615

