

WINTER/SPRING
2024
JAN - APR



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

HISRA registration

CONTACT US › 309.691.1929 › HISRA.ORG › FB @HEARTOFILSRA › IG @HEARTOFILSRA

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

FROM US, TO YOU

Welcome Winter!

HISRA is the result of a desire of four park districts to provide quality recreation programs and services to individuals with disabilities. HISRA and its member districts enthusiastically support the spirit and the intent of the Americans with Disabilities Act (ADA), and is committed to providing quality programs and opportunities that go above and beyond the requirements of the ADA to individuals in our community. We at HISRA are excited to begin a new year of programming this Winter/ Spring, and we look forward to seeing you at our programs and events for 2024!

REGISTER AT:

ONLINE: [HISRA.ORG](https://hisra.org)
FAX: 309.683.3311

DROP OFF IN LOCKED DROP BOX
IN PERSON AT:

8727 N PIONEER RD, PEORIA, IL 61615
M- Thur: 8:30 am - 4 pm
Office closed: 12 - 1 pm

Reach out for more information on

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



Member district transportation is available on select programs

Includes pick ups in Morton at Freedom Hall, Washington at St Clare Crossing and Chillicothe at Shore Acres Park

▶ registration begins **DECEMBER 12, 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.

ANNUAL INFORMATION FORMS ARE DUE

IT'S THAT TIME OF YEAR!

2024 forms are due. Please be sure to visit **www.hisra.org/forms** after January 1st to complete HISRA's 2024 Annual Information form, along with any other applicable forms. Every participant must have current 2024 forms on file before participating in HISRA programming.

BONUS PROGRAMS

BONUS PROGRAM INFORMATION

Due to high demand, HISRA is offering more Bonus Programming this season! Make sure to follow our Facebook, Instagram and website pages for updates as we announce registration for these programs. Registration for our Bonus Programs will be on a first come, first served basis, and registration pages will become available on our website and in the office. Registration for Bonus Programs will be available online through Webtrac and in person at the HISRA office.

SPECIAL RIVERMEN EVENT

Do you want to go to the Rivermen game with some of your HISRA friends and families? This is the event for you! HISRA is offering tickets to go see our Rivermen play Huntsville Havoc at Carver Arena at \$10.00 each. We are also offering our family discount of 4 tickets for \$35.00. We are meeting at Carver Arena for this event. Please note that this is a family event, and as such, no HISRA staff will be present to provide specialized support services during the event. Please call the HISRA office to buy and collect tickets.



Date	Day	Time	Location	Ticket Fee
1/14	Su	3:15P	Carver Arena, Peoria	\$10 each / \$35 for 4

CENTER BASED

Center Based programs are hosted at HISRA's facility on North Pioneer Road in Peoria. They provide a safe, fun environment for our participants to hang out, make friends and engage in a wide variety of exciting activities.

HISRA HANGOUTS (AGES 17+)

Looking for a night full of games, crafts and dinner? Come hang out with your friends at our HISRA Hangouts. Each month will be focused around a different theme – Winter Wonderland, Fancy February, March Madness and Earth Day.



Program	Dates	Day	Time	R/NR Fee	Class #
Winter Wonderland	1/20	Sa	5:00–9:00P	\$27/\$37	HWH52207-01
Fancy February	2/24	Sa	5:00–9:00P	\$27/\$37	HWH52207-02
March Madness	3/22	F	5:00–9:00P	\$27/\$37	HWH52207-03
Earth Day	4/20	Sa	5:00–9:00P	\$27/\$37	HWH52207-04



SPRING TEA (AGES 15+)

It's tea time! Participants will make their own tiered serving towers and fill them with traditional tea room foods for lunch. Feel free to dress in your best party attire!

Date	Day	Time	R/NR Fee	Class #
4/13	Sa	11:00–2:00P	\$35/\$45	HWH52218-01

CHILI COOK OFF (AGES 15+)

Help end the debate and vote for your favorite chili! White chicken or traditional? Corn bread or cinnamon rolls? We will taste test different chilis and sides, and then rate them based on different criteria. After the taste testing is finished, a vote will be cast and a winner will be determined!



Date	Day	Time	R/NR Fee	Class #
2/17	Sa	5:00–8:30P	\$27/\$37	HWH52221-01

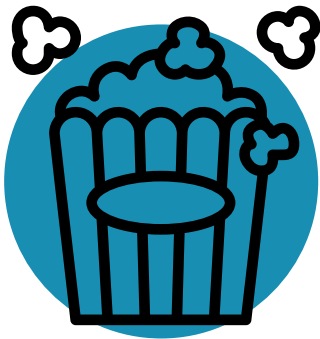
CENTER BASED

NEON DANCE PARTY (AGES 15+)

Make sure to bring your brightest and best neon clothes and accessories, because HISRA is going all out with a neon dance party! We are going to have a blast with blacklights, UV paint, bubble machines, glow sticks and disco balls. Please note that flashing lights may be used during this program.



Date	Day	Time	R/NR Fee	Class #
4/19	F	6:00-9:00P	\$21/\$28	HWH52250-01



POPCORN & MOVIE NIGHT (AGES 15+)

Cozy up this winter with popcorn and hot chocolate with a HISRA movie night! Wear your pajamas and enjoy a night with friends and a movie at HISRA. While drinks and snacks will be provided, please make sure to eat dinner before the program.

Date	Day	Time	R/NR Fee	Class #
4/12	F	6:00-9:00P	\$27/\$37	HWH52251-01

YOUTH PARTY SERIES (AGES 5-16)

HISRA is hosting a party series for our young participants! We are kicking off the season with a Valentine's Day party, holding a party for Dr. Suess with a party themed after his books, having a neon dance party with glow sticks and UV paint, before finally ending the season with a picnic outside for Earth Day! Please note that there may be flashing lights during the Neon Dance Party program.



Program	Dates	Day	Time	R/NR Fee	Class #
Youth Valentine's Day Party	2/10	Sa	1:00-5:00P	\$18/\$23	HWH52253-01
Happy Birthday Dr. Suess!	3/2	Sa	1:00-5:00P	\$18/\$23	HWH52253-02
Youth Earth Day Picnic	4/20	Sa	11:00-3:00P	\$18/\$23	HWH52253-03
Youth Neon Dance Party	4/19	F	2:00-4:00P	\$21/\$28	HWH52253-04

CENTER BASED



LAUGHTER LOUNGE (AGES 17+)

Knock knock! Who's there? Les! Les who? Les have some fun! Bring your best joke and prepare to laugh the night away. We will be eating dinner and enjoying snacks together in the HISRA Laughter Lounge.

Date	Day	Time	R/NR Fee	Class #
3/1	F	5:00-9:00P	\$27/\$37	HWH52254-01

COMMUNITY BASED

Community Based programs provide the perfect opportunity for our participants to explore the community, see what Central Illinois has to offer and to make memories with friends.

RIVERMEN HAT TRICK (AGES 19+)

HISRA is shooting for a hat trick! We will be cheering on the Peoria Rivermen at 3 home games this season. Come to one, come to all – just don't forget to plan to bring a debit or credit card for any concessions or souvenirs. Please note that Carver Arena is a cashless venue.



Dates	Day	Time	R/NR Fee	Location	Class #
2/23	F	6:00-10:30P	\$44/\$52	HISRA	HWH54202-01
3/2	Sa	6:00-10:30P	\$44/\$52	HISRA	HWH54202-02
4/6	Sa	6:00-10:30P	\$44/\$52	HISRA	HWH54202-03

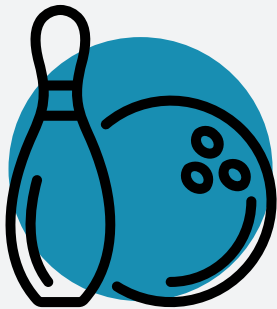
COMMUNITY BASED

CRACKER BARREL BRUNCH (AGES 19+)

You asked, we listened! It is time for the most requested program to finally be on the calendar. We will be meeting at HISRA and heading out to brunch at Cracker Barrel. The price of your meal is included in the registration fee, but please bring extra spending money if you plan to do some shopping in the general store.



Date	Day	Time	R/NR Fee	Location	Class #
3/23	Sa	10:00-2:00P	\$38/\$49	HISRA	HWH54204-01



STRIKERS (AGES 15+)

Strikers is back for 8 weeks of bowling fun! Bowlers of all skill levels are welcome. Our season will end with an end-of-season celebration at Landmark Lanes at 4:15pm and 5:45pm or later after we complete two games.

Dates	Day	Time	R/NR Fee	Location	Class #
2/21-4/10	W	4:15-5:45P	\$92/\$112	Landmark Lanes	HWH54205-01

PIZZA & BOWLING (AGES 19+)

Pizza and bowling – there is no better pair! We will be eating pizza together and then hitting the lanes for a few games! To mix things up, we will be going to different bowling alleys throughout our member district communities. All participants will meet staff at the bowling alley at the start of the program.



Dates	Day	Time	Location	R/NR Fee	Class #
2/9	F	6:00-9:00P	Potter's Alley, Morton	\$40/\$51	HWH54208-01
3/16	Sa	6:00-9:00P	Landmark Lanes, Peoria	\$40/\$51	HWH54208-02
4/26	F	6:00-9:00P	Plaza Lanes, Washington	\$40/\$51	HWH54208-03

ATHLETICS



YOUNG ATHLETES (AGES 2-7)

Young Athletes is a sports play program for children with and without disabilities designed to introduce them to the world of sports. The program will focus on these foundational skills: walking, running, balance, jumping, catching, throwing, striking, kicking and more! Siblings and friends are encouraged to register and join in on the fun. All HISRA Young Athletes are encouraged to take part in the state wide culmination event on June 7th. Please note that there will be no Young Athletes session on March 31st.

Dates	Day	Time	R/NR Fee	Class #
2/21-4/17	W	5:00-6:00P	\$25/\$32	HWH56101-01

BAGS LEAGUE (AGES 15+)

Bags, cornhole, tailgate toss... Whatever you call it, we are starting a Bags League at HISRA! On the first night, teams will be created and we will draw spots to fill the bracket. Players of all skill levels are welcome!

Dates	Day	Time	R/NR Fee	Class #
2/20-3/26	Tu	6:00-7:00P	\$25/\$32	HWH56102-01



YOGA (AGES 15+)

Come join us as we spend 4 weeks improving our balance, gross motor movement, and motor control! Yoga mats will be provided, but don't forget to bring a water bottle.

Dates	Day	Time	R/NR Fee	Class #
1/16-2/6	Tu	3:00-4:00P	\$25/\$32	HWH56103-01
1/16-2/6	Tu	4:00-5:00P	\$25/\$32	HWH56103-02

· UPCOMING PROGRAMS ·

ATHLETICS

SPECIAL OLYMPICS AQUATICS [AGES 8+]



Splash into this season's Special Olympics Swimming program! Practice will be held on Sunday afternoons at The Clubs at River City. Based on enrollment and event selections, specific times may be changed after the first practice. Please note that there will be no practice scheduled for 2/11, 3/17, or 3/31.

Athletes will be swimming for the Regional Competition to be held on Saturday, April 6th at the ARC in Champaign. Weekly practice will continue for those athletes who advance to compete at the SOILL Summer Games held in June! Please be aware that additional training fees will be required for any athlete that advances to the Summer Games. If you require transportation to the ARC for the Regional Competition, we ask that you request transportation at the time of registration, or no later than two weeks prior to the Regional Competition start date.

Dates	Day	Time	Location	R/NR Fee	Class #
1/21-4/6	Su	3:00-5:00P	The Clubs at River City	\$75/\$94	HWH56501-01

- * No Practice: 2/11, 3/17, 3/31
- * Athlete Consent Form & Med App Due: 2/18
- * Aquatics Regional Competition at the ARC in Champaign: 4/6
- * Summer Games Competition in Bloomington: 6/7-6/9

SPECIAL OLYMPICS TRACK & FIELD [AGES 8+]



Get ready to spend your Winter/Spring getting in shape, competing and spending time with friends – HISRA's Special Olympics Track & Field team will hit the ground running this Winter/Spring season! Practice will be held weekly at the Peoria Notre Dame High School track. The SOILL Spring Games (State Qualifier) will be held on Sunday, April 28th at Eastside Center in East Peoria. Practice will continue for those who place within the qualifying event and will compete at the SOILL Summer Games (State Competition) held in June. Please be aware that additional training fees will be required for any athlete that advances to Summer Games.

Dates	Day	Time	Location	R/NR Fee	Class #
2/12-4/28	M	6:00-7:30P	Notre Dame High School	\$50/\$63	HWH56502-01

- * Athlete Consent Form & Med App Due: 3/18
- * Track & Field Regional Competition at Eastside Center in East Peoria: 4/28
- * Summer Games Competition in Bloomington: 6/7-6/9

VOLUNTEER OPPORTUNITIES

HISRA would  your help!

Can you volunteer your time?

HISRA's athletic 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 & FIELD

Dates	Days	Time	Location
2/12 - 4/22	M	6:00 - 7:30P	Notre Dame High School

SPECIAL OLYMPICS AQUATICS

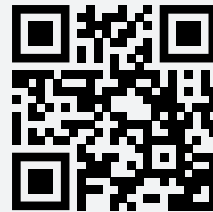
Dates	Days	Time	Location
1/21 - 3/24	Su	3:00 - 5:00P	The Clubs at River City

YOUNG ATHLETES

Dates	Days	Time	Location
2/21 - 4/17	W	5:00 - 6:00P	HISRA

SPECIAL OLYMPICS AQUATICS

Dates	Days	Time	Location
2/20 - 3/26	Tu	6:00 - 7:00P	HISRA



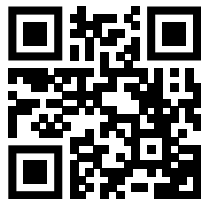
Interested in becoming a HISRA volunteer? Please contact **Karen Rodgers** at krodgers@hisra.org or scan the QR code to sign up online.



Can you make a donation?

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

To make a donation, please visit: www.hisra.org/donate or scan the QR code below.



REGISTRATION POLICIES & PROCEDURES

REGISTRATION PROCESS

On Tuesday, 12/12/23, at 8:30am, HISRA will begin taking registrations for Winter/ Spring 2024 programs, both online and in-person, at our offices. Please note that any registrations for Winter/ Spring programs received prior to 12/12/23 will be placed, unopened, in a folder in our front office. On 12/12/23, HISRA staff will begin to randomly enter registrations from this folder. Due to the high demand and limited space in our programs, we cannot guarantee spaces for registrations that have been received prior to the 12/12/23 registration opening date.

The following paperwork must be completed for registration to be accepted and processed:

1. Registration form (front and back side)
2. 2024 Annual Information Form
3. Payment arrangements

REGISTRATION INFORMATION

- Registration can be taken online using Peoria Park District's Webtrac page at <https://webtrac.peoriaparks.org>. Registration forms (with payment) can also be mailed or handed in to the HISRA office at 8727 N. Pioneer Road, Peoria, IL 61615.
- Walk-in registrations (with payment) will be accepted at HISRA during regular business hours, Monday through Thursday: 8:30am – 12:00pm and 1:00pm – 4:30pm. After hours registrations and payments can be deposited in the drop box at the front of the HISRA building.
- Payment must accompany all registration forms in order for registration to be processed. Registrations will not be entered into the system until the required payment has been received.
- Due to limited space, registrations will be taken on a first-come, first served basis, when received with payment. No phone registrations will be accepted.
- If a program is full, you will be placed on a waiting list. If a space becomes available, you will be notified and a payment will be needed immediately in order for registration to be processed.
- Participants must register for programs two weeks prior to the program start date as listed in this brochure.
- If you have not participated in HISRA programs before, an informal assessment with HISRA staff will be arranged two weeks prior to program participation. Due to safety concerns, we cannot accept participants who have not had an assessment completed two weeks prior to our programs.

REGISTRATION POLICIES & PROCEDURES

HISRA FORM INFORMATION

- Registration forms must be filled out completely and the legal guardian must sign the waiver at the bottom of the registration form. Registration will not be processed until the form is filled out completely and the waiver signed by the legal guardian.
- An Annual Information Form must be completed once per year. All questions must be answered or marked N/A, if not applicable. For safety reasons, an individual without an Annual Information Form or any other required supplementary forms on file for the current year will not be permitted to participate in any HISRA program.
- You may be required to fill out and sign additional forms as needed based on the information that has been provided on the Annual Information Form.
- If any information about the participant has changed since filling out the Annual Information Form for the current year, we ask that you fill out an updated Annual Information Form.
- All Special Olympics Athletes require a current Med App and Athlete Consent Form in order to participate in Special Olympics Illinois competitions.
- All HISRA forms can be found at www.hisra.org/forms.

MEMBER DISTRICT TRANSPORTATION INFORMATION (MDT)

- HISRA provides Member District Transportation (MDT) free of charge to residents from our member districts of Chillicothe, Washington and Morton for certain programs. Below are the locations of Member District Transportation drop-off and pick-up locations:
 - Chillicothe: Shore Acres Park
 - Morton: Morton Freedom Hall
 - Washington: St. Claire's Crossing
- To sign up for Member District Transportation, please answer the question at the time of registration online, or by circling the MDT location as listed on the registration form beside the appropriate program.
- Any changes to MDT must be made at least two weeks prior to the program start date, by contacting the HISRA offices. HISRA cannot accommodate any transportation arrangements requested after the registration deadline for the program.

REGISTRATION POLICIES & PROCEDURES

PAYMENT INFORMATION

- Payment in full for services is due at the time of registration. Payment plans are available for balances of over \$200.00. Please contact our office if you require a payment plan or any accommodations regarding payment.
- If you are applying for a scholarship, we will need a down-payment at the time of registration amounting to 10% of the total amount of programs registered for, as well as additional documentation as listed on the scholarship form.
- You may not register for any program if you have a remaining balance from any past season. There are no exceptions to this policy. Failure to pay an outstanding balance within 30 days of a past due notice may lead to disenrollment in programs that have not been paid for.
- Staff will not accept payments or registration forms at programs. A locked drop box is available in the lobby and outside the front door.
- Persons living outside of our four member districts must pay the non-resident fees listed.

CANCELLATION POLICY

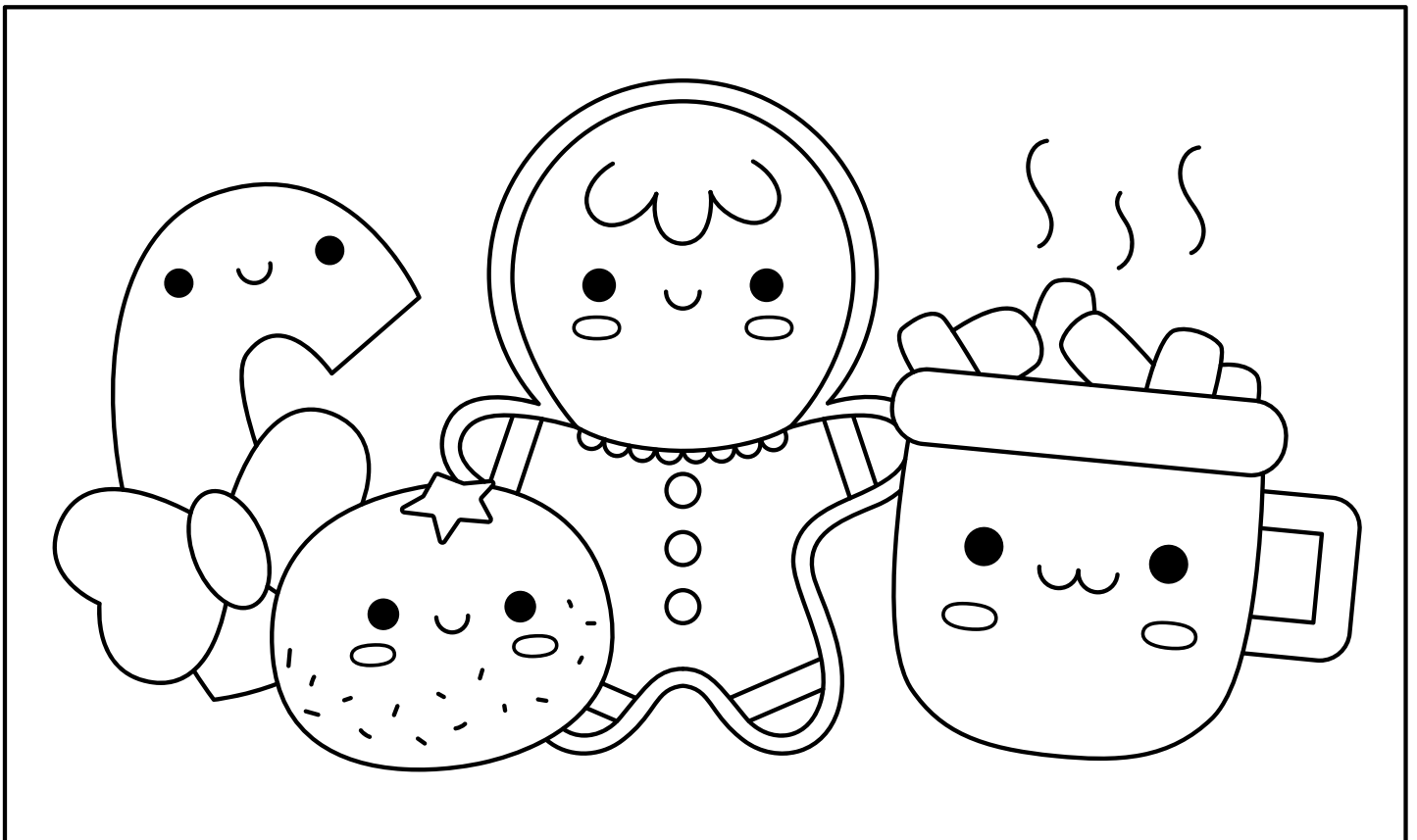
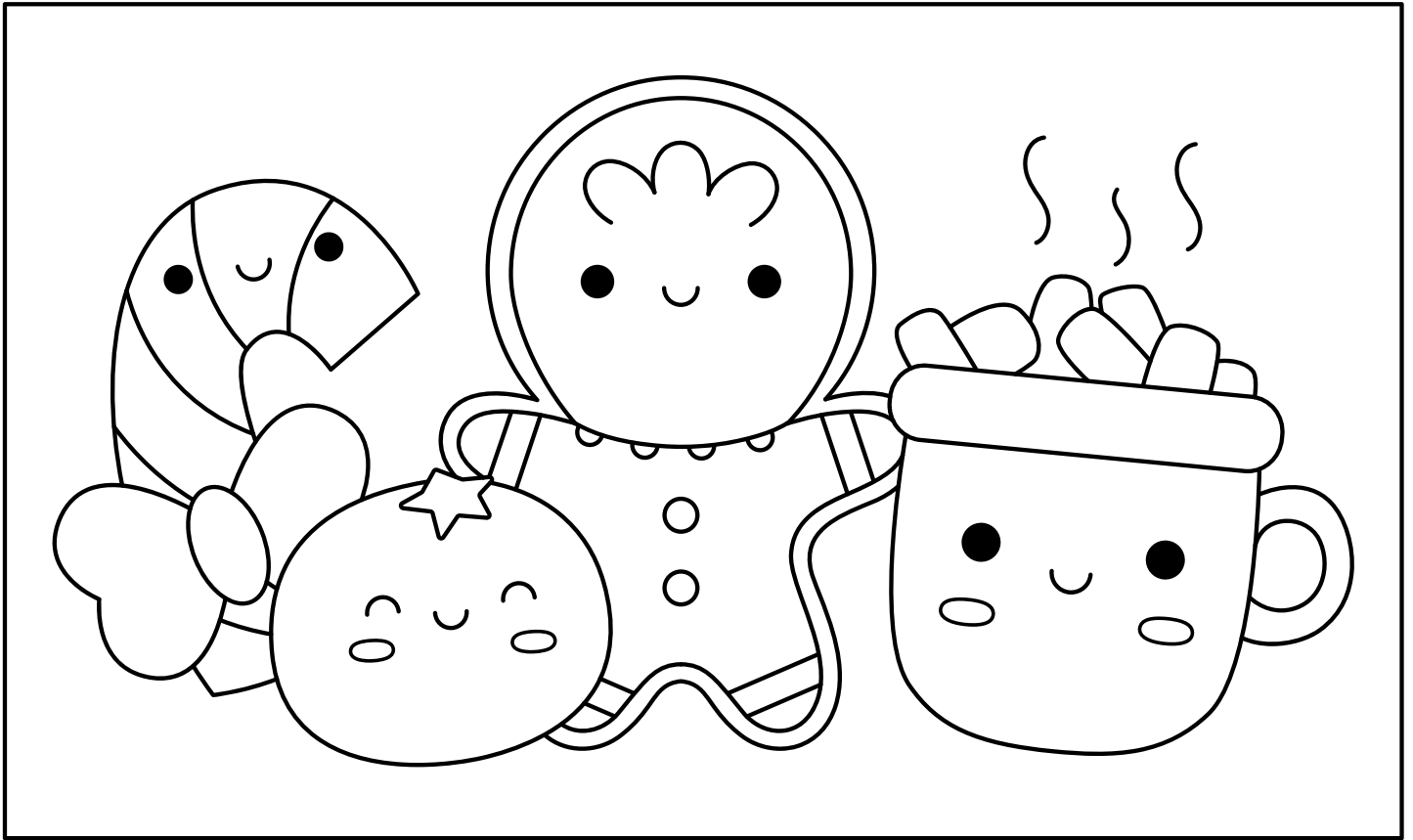
- Participants wishing to cancel a program must do so two weeks prior to the program unless otherwise noted.
- A refund in the form of an account credit will be provided if more than two weeks notice has been given of the cancellation. Please contact the HISRA office if you require a refund check.
- If cancellation is less than two weeks notice prior to the program start date, no refund will be given.

ATLANTO-AXIAL SUBLUXATION

- Individuals with Down Syndrome are at risk of having a condition known as Atlanto-Axial Subluxation. Please consult your physician prior to participation in HISRA programming.

All policies and procedures are subject to change at any time.

FIND 10 DIFFERENCES





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. PAPERWORK CAN ALSO BE FAXED TO (309) 691-1929.

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 PAYER

☐ 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

Name: _____

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

X	TITLE	DATES	MDT	FEE - R/NR
	HISRA Hangout 1	1/20	N/A	\$27/\$37
	HISRA Hangout 2	2/24	N/A	\$27/\$37
	HISRA Hangout 3	3/22	N/A	\$27/\$37
	HISRA Hangout 4	4/20	N/A	\$27/\$37
	Spring Tea	4/13	N/A	\$35/\$45
	Chili Cook Off	2/17	N/A	\$27/\$37
	Neon Dance Party	4/19	Chillicothe/Morton/Washington	\$21/\$28
	Popcorn & Movie Night	4/12	N/A	\$27/\$37
	Youth Party Series 1	2/10	N/A	\$18/\$23
	Youth Party Series 2	3/2	N/A	\$18/\$23
	Youth Party Series 3	4/20	N/A	\$18/\$23
	Youth Party Series 4	4/19	N/A	\$21/\$28
	Laughter Lounge	3/1	N/A	\$27/\$37
	Rivermen Hat Trick 1	2/23	Chillicothe/Morton/Washington	\$44/\$52
	Rivermen Hat Trick 2	3/2	Chillicothe/Morton/Washington	\$44/\$52
	Rivermen Hat Trick 3	4/6	Chillicothe/Morton/Washington	\$44/\$52
	Cracker Barrel Brunch	3/23	Chillicothe/Morton/Washington	\$38/\$49
	Strikers	2/21-4/10	N/A	\$92/\$112
	Pizza & Bowling 1	2/9	N/A	\$40/\$51
	Pizza & Bowling 2	3/16	N/A	\$40/\$51
	Pizza & Bowling 3	4/26	N/A	\$40/\$51
	Young Athletes	2/21-4/17	N/A	\$25/\$32
	Bags League	2/20-3/26	N/A	\$25/\$32
	Yoga 1	1/16-2/6	N/A	\$25/\$32
	Yoga 2	1/16-2/6	N/A	\$25/\$32
	Special Olympics Aquatics	1/21-4/6	N/A	\$75/\$94
	Special Olympics Track & Field	2/12-4/28	N/A	\$50/\$63
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.

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 2024 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: _____/_____/_____

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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 Please print first name	Applicant	Adult	Adult	Child	Child	Child
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





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

