

SUMMER CAMPS  
**2024**  
JUNE - JULY



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

## Hello Summer!

Here at HISRA, we are so excited to welcome our campers back for another fun-filled summer, packed with exciting activities for all to enjoy!

Are you looking for an adventure this summer? Come and join our Summer Daze crew as they spend their 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, fun and enriching environment for your camper to make friends and participate in a wide-variety of exciting activities such as arts and crafts, P.E., swimming, music, and much more!

Finally, we have a brand-new third camp option, Bicycle Brews Transitional Crew! This camp will have a vocational based curriculum and will focus on teaching job skills to participants who are currently in transitional classrooms at school. The goal of this camp is for all participants to become fully employable and learn leadership and management skills by the end of the three year program.

## REGISTER AT:

ONLINE: 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.

## PRIORITY REGISTRATION\* BEGINS:

February 6, 2024

\*A one-week priority registration period will be open on February 6th, 2024 for HISRA participants who are residents of Peoria, Chillicothe, Washington and Morton Park Districts. All participants who are non-residents will have the opportunity to register for HISRA summer camp options beginning February 13th, 2024

 open registration begins  
**FEBRUARY 13, 2024**

The registration deadline for all camps is May 1st, 2024. Refunds for cancellation and/or changes to registration will not be issued after this date. Unless otherwise specified, all events held at Heart of Illinois Special Recreation Association located at 8727 N PIONEER RD, PEORIA, IL 61615.





HISRA • HISRA





# WHICH CAMP IS RIGHT FOR ME?

We understand that it can be difficult to decide which camp is the right fit for your child. That is why our HISRA team has developed an easy guide to help make that decision a little bit easier for you. If you require assistance with deciding which camp is the right fit for your child, please don't hesitate to call our administrative office at (309) 691-1929.

Please check the 2024 Camp Handbook for the minimum eligibility requirements for our community-based camp offerings. The handbook can be found on our website, [www.hisra.org](http://www.hisra.org).

	CAMP FREE TO BE	SUMMER DAZE	BICYCLE BREWS TRANSITIONAL CREW
Monday - Thursday		✓	✓
Monday - Friday	✓		
Community-based Each Day		✓	✓
Frequent community-based field trips	✓	✓	✓
Campers must be generally independent with personal care		✓	✓
Vocational skill focused			✓
Campers must generally be okay with a flexible daily schedule		✓	✓
Camper benefits from predictable routine and schedule (school schedule)	✓		
Camper requires frequent hands on behavioral support	✓		
Camper requires climate controlled space due to medical condition	✓		



---

# MEMBER DISTRICT SUMMER CAMP INCLUSION SERVICES

---

Did you know that HISRA offers Inclusion Services to Member District Summer Camps free of charge for HISRA residents? HISRA will provide an Inclusion Aide to the summer camp that you are registered and have requested assistance/ special accommodations for.

Our four member districts may have a summer camp that you would like your child to attend. If you are interested in availing of HISRA's Inclusion Services at either a Peoria, Morton, Chillicothe or Washington Park District summer camp, simply request that you will need special accommodations for your child to participate at camp at the time of registration, and get in touch with our Program Manager at HISRA.

Please fill out an Inclusion Request Form, which is found on the Forms and Downloads page on our website, [www.hisra.org](http://www.hisra.org). This form gives our staff the information that they need in order to ensure the camper's success and participation during summer camp.

## GOAL

The goal of our Inclusion Services is to encourage the participants' success, participation and independence during member district programs, and to teach member district staff and fellow participants plans, communication and strategies in order for their program to become a wholly inclusive environment for all involved.

## STAFF

- Our Inclusion Services staff is made up of seasoned HISRA staff members, and each has had previous experience working with youth.
- All staff are subject to background checks prior to employment with HISRA.
- During the summer, our Inclusion Services Program will have one Inclusion Specialist and several Inclusion Aides throughout our member district camps and programs.
- Each Inclusion Services employee has gone through online and/ or in-person training prior to working at HISRA.



---

# 2024 CAMP TIMELINE

---

January  
23<sup>rd</sup>

Parent Info Night at HISRA from 6:00pm – 7:00pm! Parents and guardians will learn about the different summer opportunities provided and what is needed to register. They will have the opportunity to speak with the HISRA staff members 1:1 and ask questions regarding their specific child and the registration process.

February  
6<sup>th</sup>

Resident priority registration begins. Any participant who is a resident of HISRA's four member park districts (Peoria Park District, Chillicothe Park District, Morton Park District, and Washington Park District) will get one week of priority registration. Any participant who is not a resident of the above member districts (non-resident) will not be eligible to register for camp at this time.

February  
13<sup>th</sup>

Open Registration Begins. Registration will open up for both HISRA residents and non-residents.

April  
1<sup>st</sup>

ALL required camp forms must be submitted and all camper assessments must be completed by this date. Failure to complete the required paperwork and assessments by April 1st may result in the camper's withdrawal from registration and will be placed on the camp waitlist.

May  
1<sup>st</sup>

Registration and registration withdrawal deadline. All campers are entitled to register, withdraw or change their camp registration by this date. If registration is withdrawn on or before May 1st, any costs associated with registering for camp will be refunded fully. If registration is withdrawn fully or partially after this May 1st deadline, no refund will be given.

June  
3<sup>rd</sup>

Camp Begins!



---

# CAMP REGISTRATION GUIDELINES

---

## RESIDENT PRIORITY REGISTRATION

Any participant who is a resident of HISRA's four member park districts (Peoria Park District, Chillicothe Park District, Morton Park District, and Washington Park District) will get one week of priority registration, from February 6th through February 12th, 2024. Any participant who is not a resident of the above member districts (non-resident) will not be eligible to register for camp at this time, but will be able to register on or after February 13th, when camp open registration begins. All HISRA forms can be found at [www.hisra.org/forms](http://www.hisra.org/forms).

### **If you are a HISRA resident:**

On Tuesday, 2/6/24, HISRA will begin taking resident priority registrations for Camp Free To Be, Summer Daze, and Bicycle Brews Transitional Crew at 8:30am, both online on WebTrac, and in-person at our offices. Please note that any registrations for camp received prior to 2/6/24 will be placed, unopened, in a folder in our front office. On 2/6/24, 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 2/6/24 resident priority registration opening date. Please note that non-residents will not be eligible for priority registration during this time, but will be able to register on or after February 13th, when camp open registration begins.

### **If you are a HISRA non-resident:**

On Tuesday, 2/13/24, HISRA will begin taking all registrations for Camp Free To Be, Summer Daze, and Bicycle Brews Transitional Crew at 8:30am, both online on WebTrac, and in-person at our offices. Please note that any registrations for camp received prior to 2/13/24 will be placed, unopened, in a folder in our front office. On 2/13/24, 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 non-resident registrations that have been received prior to the 2/13/24 camp open registration opening date.

### **If you are new to HISRA:**

First of all, we are so excited that we are going to see a new face this summer! HISRA staff arrange and conduct an informal assessment of all new HISRA participants prior to program or camp participation. This is to ensure the safety and wellbeing of the participant during programming, but is also a great opportunity for us to get to know the participants and their family, and also for parents/guardians and the participant to ask staff questions about camp. We require all new campers to have completed their informal assessments prior to April 1st, unless waitlisted, then we will require a complete assessment no later than two weeks prior to camp beginning.



# PROCESSING YOUR REGISTRATION

## HERE'S WHAT WE NEED

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

1. Registration form (front and back side)
2. 2024 Annual Information Form
3. Any additional supplementary camp forms (i.e. Personal Care Form, Seizure Care Form, Medication Dispensing Form, etc).
4. Payment arrangements
  - a. **Payment in full**
  - b. **Payment plan** (installment billing over the course of 4 installments, in March, April, May, June). A 10% down payment is required for this payment option. HISRA requires that a card must be on file to avail of this payment option.
  - c. **Third party payment** from a school district or other agency (written confirmation of the third party payor agreeing to the total or partial cost of camp is required in writing). No down payment is required for this option if the written agreement of payment from the third party payor is provided at the time of registration.
  - d. **Scholarship application.** HISRA has limited scholarship funds available for eligible scholarship applicants. A 10% down payment, fully filled scholarship application and additional documentation as outlined on the scholarship application is required in order for office staff to process the registration.

## CAMP PAYMENT INFORMATION

- Payment in full for services is due at the time of registration. Payment plans are available for balances of over \$200.00, and require a 10% down payment at the time of registration. 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/ camp sessions 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.
- If you require special accommodations regarding the payment of camp, or have any questions about our payment plan and scholarship options, please contact the HISRA Office Manager at (309) 691-1929 ext. 1103 for assistance.

---

# REGISTRATION POLICIES & PROCEDURES

---

## 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 camp session 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 camp prior to May 1st.
- 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.

## 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 HISRA forms can be found at [www.hisra.org/forms](http://www.hisra.org/forms).



---

# REGISTRATION POLICIES & PROCEDURES

---

## REFUNDS AND CANCELLATIONS

- ALL required camp forms must be submitted and all camper assessments must be completed by April 1st, 2024. Failure to complete the required paperwork and assessments by April 1st may result in the camper's withdrawal from registration and will be placed on the camp waitlist.
- All campers are entitled to register, withdraw or change their camp registration by May 1st, 2024. If registration is withdrawn on or before May 1st, any costs associated with registering for camp will be refunded fully. If registration is withdrawn fully or partially after the May 1st deadline, no refund will be given.
- If HISRA is in the position to pull a participant off of a waitlist and register them for camp after the May 1st deadline, no refunds will be given for any cancellations of their camp registration after this date.
- A refund to the card that made the purchase, or in the form of an account credit will be provided if registration is fully or partially canceled before May 1st, 2024. Please contact the HISRA office if you require a refund check.

## 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.

## 2024 CAMP HANDBOOK

- For further information, the 2024 Camp Handbook is available on our website, [www.hisra.org](http://www.hisra.org).
- All HISRA policies and procedures are subject to change at any time.

**All policies and procedures are subject to change at any time. For further information on our policies and procedures, please visit our website at [www.hisra.org](http://www.hisra.org).**





BE THE



HISRA • HISRA • HISRA



# CENTER-BASED CAMP

## HISRA CAMP FREE TO BE (AGES 5-21)

Come join the fun and make lasting memories at Camp Free To Be this summer! Camp Free To Be has a close camper to staff ratio which can be as low as 1:1 and is suitable for children and young adults aged from 5 - 21 years of age with severe and/ or multiple disabilities. Our hand-picked staff will be paired with your camper, which will ensure your child's success in the fun camp activities that they will encounter. This camp is paced to mimic that of a school day, which is perfect for campers who like the cadence, pace and structure of a typical school day - but packed with even more fun! All campers need to bring a sack lunch and drink daily. Camp Free To Be is a center-based camp, and is held at the HISRA building in Peoria.



Dates	Day	Time	R/NR Fee	Location	Class #
6/3-6/7	M-F	8:30A-3:30P	\$195/\$254	HISRA	HWH51101-01
6/10-6/14	M-F	8:30A-3:30P	\$195/\$254	HISRA	HWH51101-02
6/17-6/21	M-F	8:30A-3:30P	\$195/\$254	HISRA	HWH51101-03
6/24-6/28	M-F	8:30A-3:30P	\$195/\$254	HISRA	HWH51101-04
7/1-7/3	M-W	8:30A-3:30P	\$117/\$152	HISRA	HWH51101-05
7/8-7/12	M-F	8:30A-3:30P	\$195/\$254	HISRA	HWH51101-06
7/15-7/19	M-F	8:30A-3:30P	\$195/\$254	HISRA	HWH51101-07
7/22-7/26	M-F	8:30A-3:30P	\$195/\$254	HISRA	HWH51101-08



# COMMUNITY-BASED

## HISRA SUMMER DAZE [AGES 13-21]

Are you looking for a fun way to stay active this summer and make new friends and memories? Would you like to swim, hike and explore what Central Illinois has to offer? Then our Summer Daze program might just be for you! Summer Daze is designed for campers aged 13 – 21 who are independent in self care skills. Please speak to our Program Manager to determine camper eligibility. Space is limited, so be sure to sign up early! Campers will need to be able to keep up with the high-paced day that will consist of various physical activities such as walking, swimming, hiking, playing sports games, etc. Be sure to bring appropriate clothes and footwear to camp, as well as a drink and sack lunch daily. Summer Daze is a community-based camp and is held at Bicycle Safety Town in Peoria.



Dates	Day	Time	R/NR Fee	Location	Class #
6/3-6/6	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51102-01
6/10-6/13	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51102-02
6/17-6/20	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51102-03
6/24-6/27	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51102-04
7/1-7/3	M-W	8:30A-3:00P	\$117/\$152	Bicycle Safety Town	HWH51102-05
7/8-7/11	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51102-06
7/15-7/18	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51102-07
7/22-7/25	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51102-08



## BICYCLE BREWS TRANSITIONAL CREW [AGES 14-21]

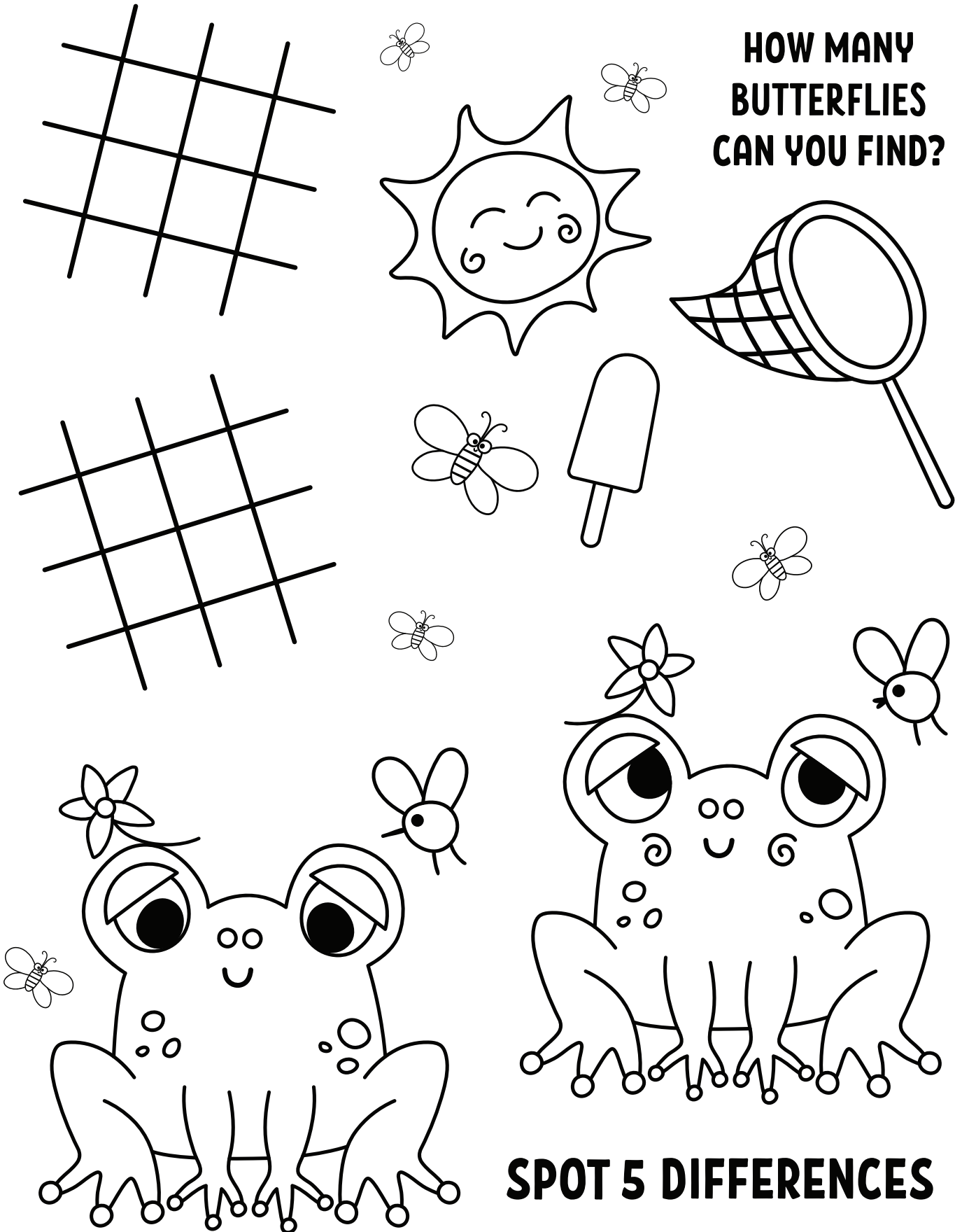
HISRA's Bicycle Brews Transitional Crew program will focus on giving campers the tools needed to transition from the classroom to the world of employment. They will learn fundamental employment skills as well as specific skills needed to be employed in a coffee shop environment, with a program ratio of 1 staff : 4 campers. The program will be taking 2-3 field trips each week that will be both social and educational in nature, and fun, of course! This program will be divided into 3 years, with 8 sessions per year, spanning 8 weeks in June and July.

Dates	Day	Time	R/NR Fee	Location	Class #
6/3-6/6	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51108-01
6/10-6/13	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51108-02
6/17-6/20	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51108-03
6/24-6/27	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51108-04
7/1-7/3	M-W	8:30A-3:00P	\$117/\$152	Bicycle Safety Town	HWH51108-05
7/8-7/11	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51108-06
7/15-7/18	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51108-07
7/22-7/25	M-Th	8:30A-3:00P	\$156/\$203	Bicycle Safety Town	HWH51108-08



# Summer Fun

**HOW MANY  
BUTTERFLIES  
CAN YOU FIND?**





# 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 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



Name: \_\_\_\_\_

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

X	TITLE	DATES	DAYS/TIME	FEE - R/NR
	HISRA Camp Free To Be 1	6/3-6/7	Mon-Fri   8:30A-3:30P	\$195/\$254
	HISRA Camp Free To Be 2	6/10-6/14	Mon-Fri   8:30A-3:30P	\$195/\$254
	HISRA Camp Free To Be 3	6/17-6/21	Mon-Fri   8:30A-3:30P	\$195/\$254
	HISRA Camp Free To Be 4	6/24-6/28	Mon-Fri   8:30A-3:30P	\$195/\$254
	HISRA Camp Free To Be 5	7/1-7/3	Mon-Wed   8:30A-3:30P	\$117/\$152
	HISRA Camp Free To Be 6	7/8-7/12	Mon-Fri   8:30A-3:30P	\$195/\$254
	HISRA Camp Free To Be 7	7/15-7/19	Mon-Fri   8:30A-3:30P	\$195/\$254
	HISRA Camp Free To Be 8	7/22-7/26	Mon-Fri   8:30A-3:30P	\$195/\$254
	HISRA Summer Daze 1	6/3-6/6	Mon-Thur   8:30A-3:00P	\$156/\$203
	HISRA Summer Daze 2	6/10-6/13	Mon-Thur   8:30A-3:00P	\$156/\$203
	HISRA Summer Daze 3	6/17-6/20	Mon-Thur   8:30A-3:00P	\$156/\$203
	HISRA Summer Daze 4	6/24-6/27	Mon-Thur   8:30A-3:00P	\$156/\$203
	HISRA Summer Daze 5	7/1-7/3	Mon-Wed   8:30A-3:00P	\$117/\$152
	HISRA Summer Daze 6	7/8-7/11	Mon-Thur   8:30A-3:00P	\$156/\$203
	HISRA Summer Daze 7	7/15-7/18	Mon-Thur   8:30A-3:00P	\$156/\$203
	HISRA Summer Daze 8	7/22-7/25	Mon-Thur   8:30A-3:00P	\$156/\$203
	Bicycle Brews Transitional Crew 1	6/3-6/6	Mon-Thur   8:30A-3:00P	\$156/\$203
	Bicycle Brews Transitional Crew 2	6/10-6/13	Mon-Thur   8:30A-3:00P	\$156/\$203
	Bicycle Brews Transitional Crew 3	6/17-6/20	Mon-Thur   8:30A-3:00P	\$156/\$203
	Bicycle Brews Transitional Crew 4	6/24-6/27	Mon-Thur   8:30A-3:00P	\$156/\$203
	Bicycle Brews Transitional Crew 5	7/1-7/3	Mon-Wed   8:30A-3:00P	\$117/\$152
	Bicycle Brews Transitional Crew 6	7/8-7/11	Mon-Thur   8:30A-3:00P	\$156/\$203
	Bicycle Brews Transitional Crew 7	7/15-7/18	Mon-Thur   8:30A-3:00P	\$156/\$203
	Bicycle Brews Transitional Crew 8	7/22-7/25	Mon-Thur   8:30A-3:00P	\$156/\$203
TOTAL				
COST:				

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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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 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

