



WINTER/SPRING PROGRAMS

2024 BONUS REGISTRATION

WINTER-WARM UP BEACH PARTY

AGES 15+

Let's beat the cold and warm up with a mid-winter beach party! We will enjoy beach themed snacks and play themed games.

Date	Day	Time	Fee	Location
1/18	Thur	5:00 - 7:00pm	R \$21/NR \$28	HISRA

AGES 15+

HISRA SCAVENGER HUNT

HISRA is on the hunt for the hidden treasure! Participants will be grouped into teams and will work together to search for the clues and solve puzzles. Dinner and games will follow once the treasure has been found.



Date	Day	Time	Fee	Location
2/3	Sa	5:00 - 9:00pm	R \$27/NR \$37	HISRA

VALENTINE'S CRAFT NIGHT

AGES 15+

Come and enjoy a sweet treat while making a Valentine's Day craft! Each participant will be able to make 2-3 crafts, and will have the option to wrap each one before leaving so that they can gift to a loved one.

Date	Day	Time	Fee	Location
2/8	Thur	5:00 - 7:00pm	R \$17/NR \$22	HISRA



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2024 BONUS REGISTRATION

X	Program	Date(s)	MDT	Fee
	Winter Warm-Up Beach Party	1/18	N/A	R \$21/ NR \$28
	HISRA Scavenger Hunt	2/3	N/A	R \$27/ NR \$37
	Valentine's Craft Night	2/8	N/A	R \$17/ NR \$22

TOTAL ENCLOSED: _____

I'M PAYING BY:

- ☐ Check ☐ Cash ☐ Credit/ debit card
☐ Requesting scholarship (requires 10% downpayment)

Participant name: _____

Date of birth: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Guardian name: _____

Phone: _____ Email: _____

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 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 the 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 or 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 the Special Recreation staff to access relevant education and/or medical records. I hereby consent to the use of my/my child's photography in the Heart of Illinois SRA brochures, publications, or promotional needs.

Guardian Signature: _____ **Date:** _____