

SUMMER
2024
MAY - AUG



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!

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 roll out a wide variety of programs this season, and we look forward to seeing you at our programs and events this summer!

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.



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 **APRIL 22, 2024**

Registration deadlines are two weeks prior to the start date of programs unless otherwise noted

CENTER BASED

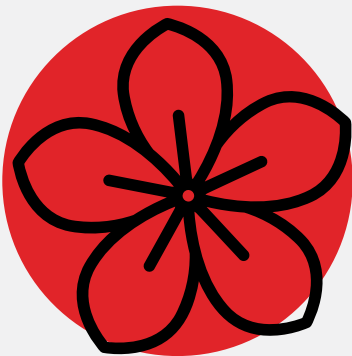
Center Based programs are hosted at HISRA's facility on North Pioneer Road in Peoria. They provide a safe, fun environment for our participants to hang out, make friends, and engage in a wide variety of exciting activities.

SUMMER KICKOFF LUAU (AGES 15+)

Light the tiki torches and get ready to kick off your summer with HISRA's Luau Dance. You wear your Hawaiian shirts, and we will provide the leis, music and good fun! Snacks will be provided during the dance - but don't forget to eat dinner beforehand!



Date	Day	Time	R/NR Fee	Class #
5/10	F	7:00-9:00P	\$18/\$23	HSR52201-01



MAY DAY FLOWER BAR (AGES 15+)

May Day is known as being a celebration of community and friendship. One May Day tradition is to leave flowers on the doorstep of a neighbor or friend. Participants will create two flower arrangements to take home. One to keep and one to deliver! Light snacks will be provided during the program.

Dates	Day	Time	R/NR Fee	Class #
5/1	W	5:00-7:00P	\$18/\$23	HSR52202-01

Registration for this program will close on 4/29

BURGERS AND BAGS (AGES 17+)

We are having a bonanza in our backyard this August! Participants will be grilling burgers, playing bags, and making memories with friends.

Date	Day	Time	R/NR Fee	Class #
8/9	F	5:00-9:00P	\$27/\$37	HSR52203-01

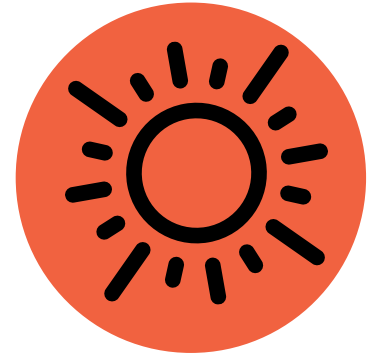


- Registration deadline is two weeks before the program start date unless otherwise noted

CENTER BASED

YOUTH BACKYARD BASH (AGES 5-16)

Come spend a summer Saturday afternoon playing outside with your HISRA friends! Snacks, games, and the sprinkler are just a few of the planned activities!



Date	Day	Time	R/NR Fee	Class #
8/17	Sa	1:00-5:00P	\$18/\$23	HSH52205-01



FIESTA NIGHT (AGES 15+)

HISRA's taking Cinco de Mayo to a whole new level with our Fiesta Night! We will be creating our own taco bar and other Mexican treats, and enjoying activities while we hang out with our friends.

Date	Day	Time	R/NR Fee	Class #
5/4	Sa	5:00-9:00P	\$27/\$37	HSH52206-01

MELODIC MINDFULNESS (AGES 15+)

Music, Art and Mindfulness! Participants will be given the opportunity to create and relax while experiencing the benefits of expressive art and music therapy. Music therapy will be provided on alternating weeks through Note By Note Music Therapy.



Date	Day	Time	R/NR Fee	Class #
7/14-8/25	Su	3:00-4:00P	\$44/\$52	HSH52207-01

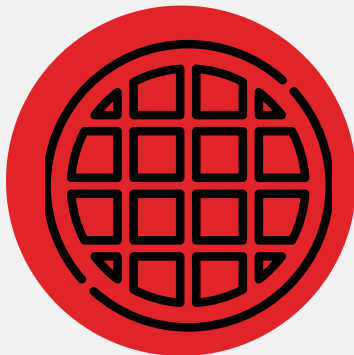
CENTER BASED

HISRA HANGOUTS (AGES 17+)

Are you looking for a night full of games, crafts, and dinner? Come hang out at our HISRA Hangouts! Each month will have a different theme. We will be playing games, having a backyard BBQ, celebrating patriotic traditions, and hyping up for the Paralympics! As always, every hangout will include dinner, games, crafts, and a movie.



Program	Dates	Day	Time	R/NR Fee	Class #
Summer In Bloom	5/3	F	5:00-9:00P	\$27/\$37	HSH52503-01
BBQ Bonanza	6/22	Sa	5:00-9:00P	\$27/\$37	HSH52503-02
Stars & Stripes Celebration	7/20	Sa	5:00-9:00P	\$27/\$37	HSH52503-03
Paralympics Party	8/23	F	5:00-9:00P	\$27/\$37	HSH52503-04



WAFFLE BAR (AGES 17+)

Come and join us at HISRA with our waffle bar! Do you like sweet or savory waffles? Try them both while you spend your Saturday morning with friends.

Date	Day	Time	R/NR Fee	Class #
8/24	Sa	10:00A-1:00P	\$27/\$37	HSH52510-01

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.

HISRA PEORIA CHIEFS GAME (AGES 19+)

HISRA's taking you out to the ball game this Summer! We're heading to the ball diamond to watch the game under the lights. Don't forget to eat dinner before the game and bring money for stadium snacks. Space is limited and we want to ensure everyone a spot on our 'game roster,' we must limit participant registration to one game. Please note that the venue is cashless.



Date	Day	Time	R/NR Fee	Class #	Location
5/19	Su	1:00-5:00P	\$44/\$52	HSH54203-01	HISRA
8/10	Sa	6:00-10:00P	\$44/\$52	HSH54203-02	HISRA



PIZZA AND BOWLING (AGES 19+)

Is bowling right up your alley? Come join HISRA for pizza and bowling at Landmark Lanes! We'll start the night off with pizza, then we will hit the lanes.

Dates	Day	Time	R/NR Fee	Class #	Location
8/16	F	6:00-9:00P	\$40/\$51	HSH54201-01	Landmark Lanes

COMMUNITY BASED



MINI GOLF AND TREATS (AGES 19+)

Nothing beats the Summer like mini golf and a sweet treat! Join HISRA for a night out with friends as we hit the mini golf course. Don't forget to eat dinner before the program!

Dates	Day	Time	R/NR Fee	Class #	Location
6/29	Sa	6:00-9:00P	\$38/\$49	HSH52507-01	HISRA

COFFEE CRAWL (AGES 19+)

Come hang out with friends and enjoy the local coffee scene! Participants will meet the group at designated coffee shops around the Peoria area. The fee includes the cost of one menu item, however additional items can be purchased with own funds.

Please note that participant pick up and drop off is at the designated coffee shop listed for this program.



Program	Dates	Day	Time	R/NR Fee	Class #
Coffee Crawl @ The Spot, Peoria	5/4	Sa	9:00-10:30A	\$17/\$22	HSH54213-01
Coffee Crawl @ Cafe Santa Rosa, Peoria Heights	6/1	Sa	9:00-10:30A	\$17/\$22	HSH54213-02
Coffee Crawl @ Faire Coffee, Washington	7/6	Sa	9:00-10:30A	\$17/\$22	HSH54213-03
Coffee Crawl @ CXT Kellar Station, Peoria	8/3	Sa	9:00-10:30A	\$17/\$22	HSH54213-04



PICNIC IN THE PARK (AGES 19+)

Join us for an unforgettable afternoon of leisure, laughter and lunch in the park. A full spread of lunch, snacks and drinks will be provided. Whether you are a nature enthusiast, a food lover, or simply seeking a break from the daily grind, our picnic outing promises something for everyone!

Date	Day	Time	R/NR Fee	Class #	Location
8/10	Sa	11:00A-3:00P	\$38/\$49	HSH54219-01	HISRA

• Registration deadline is two weeks before the program start date unless otherwise noted

ATHLETICS

SPECIAL OLYMPICS GOLF (AGES 8+)

Whether you are an experienced golfer or are a beginner – there's a spot for you in HISRA's Special Olympics Golf and Golf Skills program! Are you looking to start a new sport? Do you want to master individual golf skills before hitting the course? The golf skills program allows athletes to learn from a golf pro while exploring various clubs around the green and on the fairway. Skills athletes will have the opportunity to compete in the Special Olympic Individual Golf Skills Competition. Practice for golf skills athletes is held at the Golf Learning Center.



The Special Olympics Golf program offers an opportunity for those new to the sport to learn the fundamentals of golf such as the rules, etiquette, equipment, and shots. Golfers will be provided with instruction and coaching from experienced volunteers leading up to the competition if the athlete is eligible and wishes to participate. Golf practice will be held at Kellogg Golf Course. The first practice will take place at the Golf Learning Center for all athletes. This will allow the coaches to assess each golfer's current ability and current knowledge of the game. After the first practice, course athletes will meet at Kellogg Golf Course and skills athletes will meet at the Golf Learning Center. Tee times and groupings will vary by week and it is the athlete's responsibility to check the TeamSnap app prior to each practice to view their time and group.

Program	Dates	Day	Time	R/NR Fee	Class #
Special Olympics Golf Skills	5/15-8/2	W	5:30-7:30P	\$100/\$125	HSH56501-01
Special Olympics Golf	5/15-8/2	W	5:30-7:30P	\$100/\$125	HSH56501-02

DATES TO NOTE

- **The first practice on 5/15 will take place at the Golf Learning Center for all athletes**
- **There is no practice on May 29th or July 3rd**
- **All Special Olympics forms are due on June 9th**
- **The Regional Tournament will be held on August 2nd**
- **The State Tournament will be held on September 7th**

- Registration deadline is two weeks before the program start date unless otherwise noted



ATHLETICS

SPECIAL OLYMPICS SOFTBALL (AGES 8+)

Batter up! Whether you are familiar with the game of softball or want to knock it out of the park for the first time, there's a spot for you in HISRA's Special Olympics program! Those interested in team will experience instruction and practice time with knowledgeable coaches and volunteers. Practice will be held at Franciscan Recreation Complex. Additional fees will be charged if your team advances to the State Championships. Players will be divided into teams based on appropriate skill level after the first practice. All athletes will be expected to be at the first practice from 6:00pm – 8:00pm to display current skill levels and knowledge of the game. After teams are divided, athletes will be notified of their practice time. Each team will practice for one hour from 6:00pm – 7:00pm, or from 7:00pm – 8:00pm.



Dates	Day	Time	R/NR Fee	Class #	Location
5/14-8/2	Tu	6:00-8:00P	\$50/\$63	HS56502-01	Franciscan Recreation Complex

DATES TO NOTE

- **All Special Olympics forms are due on June 18th**
- **The Regional Tournament will be held on July 27th**
- **The State Tournament will be held on September 7-8th**

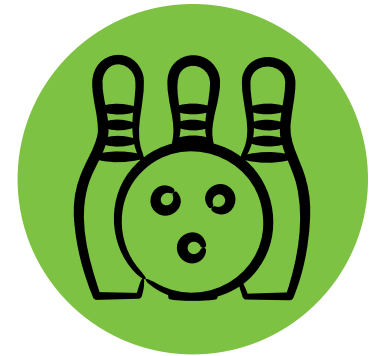
- Registration deadline is two weeks before the program start date unless otherwise noted.



ATHLETICS

SPECIAL OLYMPICS BOWLING (AGES 8+)

Bowl a strike with HISRA's competitive Special Olympics Bowling team! Under the instruction of coaches and volunteers, you will learn the fundamentals of bowling at our fun and interactive practices, which are held at Landmark Lanes! Additional fees will be charged for additional training with athletes who advance to the State Championships.



Dates	Day	Time	R/NR Fee	Class #
6/10-8/24	M	5:30-7:00P	\$60/\$75	HSH56503-01

DATES TO NOTE

- **All Special Olympics forms are due on July 15th**
- **The Regional Tournament will be held on August 24th**
- **The Sectional Tournament will be held on October 5th**
- **The State Tournament will be held on December 7th.**



NATIONAL GOLF DAY - GOLF SAMPLER (AGES 19+)

Join HISRA "fore" a great night! We will meet at HISRA and then hit the driving range and putting green. On our way back to HISRA, we will stop for dinner!

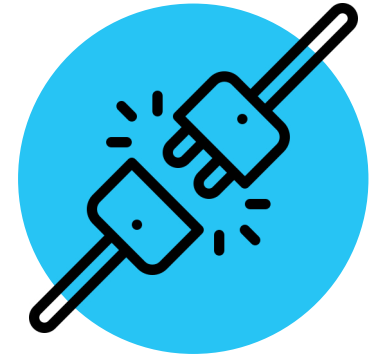
Dates	Day	Time	R/NR Fee	Class #
5/10	F	5:00-9:00P	\$40/\$51	HSH54217-01

Any cancellations of Special Olympics practices/ trainings due to inclement weather will be made by 2:00pm of the day of practice. Please call our weather line at (309) 691-1929 ext. 1111 or check TeamSnap to find up-to-date information on the status of HISRA programming.

SPECIAL EVENTS

UNPLUG AT HISRA

It's time to unplug the chargers and turn off the devices! Parks and recreation departments across the state of Illinois are encouraging community members to unplug on July 13th. HISRA is hosting a free family day that will include indoor and outdoor games, craftivities, snacks and much, much more! Please know that due to the nature of family events, there will be no staff support to assist in providing any type of care. Registration is not required to attend.



Dates	Day	Time	R/NR Fee	Class #
7/13	Sa	11:00A–2:00P	\$0/0	HSH52508–01



VOLUNTEER OPPORTUNITIES

Can you volunteer your time?

HISRA's athletic programs and special events 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 the following programs/ events:

SPECIAL OLYMPICS GOLF

Dates	Days	Time	Location
5/15 - 8/2	W	5:30 - 7:30 P	Kellog Golf Course / Golf Learning Center

SPECIAL OLYMPICS SOFTBALL

Dates	Days	Time	Location
5/7 - 7/27	Tu	6:00 - 8:00 P	Franciscan Recreation Complex

SPECIAL OLYMPICS BOWLING

Dates	Days	Time	Location
6/10 - 8/24	M	5:30 - 7:00 P	Landmark Lanes

UNPLUG AT HISRA

Dates	Day	Time	Location
7/13	Sa	11:00A - 2:00 P	HISRA

CAMP CLEAN UP NIGHT

Dates	Day	Time	Location
7/26	F	5:00 - 9:00 P	HISRA



If you are interested in becoming a HISRA volunteer, **please scan the QR code below** or contact

Karen Rodgers at
krodgers@hisra.org

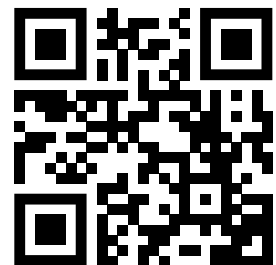


Can you make a donation?

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 to the right!



REGISTRATION POLICIES & PROCEDURES

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. Payment arrangements

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.

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 unless otherwise noted.
- 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.

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

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 completed 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.

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.

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.

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



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	MDT	FEE - R/NR
	May Day Flower Bar	5/1	N/A	\$18/\$23
	HISRA Hangouts 1	5/3	N/A	\$27/\$37
	HISRA Hangouts 2	6/22	N/A	\$27/\$37
	HISRA Hangouts 3	7/20	N/A	\$27/\$37
	HISRA Hangouts 4	8/23	N/A	\$27/\$37
	Fiesta Night	5/4	N/A	\$27/\$37
	Coffee Crawl	5/4	N/A	\$17/\$22
	Coffee Crawl	6/1	N/A	\$17/\$22
	Coffee Crawl	7/6	N/A	\$17/\$22
	Coffee Crawl	8/3	N/A	\$17/\$22
	Special Olympics Softball	5/7-7/27	N/A	\$50/\$63
	Summer Kickoff Luau	5/10	Chillicothe/Morton/Washington	\$18/\$23
	National Golf Day - Golf Sampler	5/10	Chillicothe/Morton/Washington	\$40/\$51
	Special Olympics Golf (Skills)	5/15-8/2	N/A	\$100/\$125
	Special Olympics Golf	5/15-8/2	N/A	\$100/\$125
	HISRA Peoria Chiefs Outing 1	5/19	Chillicothe/Morton/Washington	\$44/\$52
	HISRA Peoria Chiefs Outing 2	8/10	Chillicothe/Morton/Washington	\$44/\$52
	Special Olympics Bowling	6/10-8/24	N/A	\$60/\$75
	Mini Golf and Treats	6/29	Chillicothe/Morton/Washington	\$38/\$49
	Melodic Mindfulness	7/14-8/25	N/A	\$44/\$52
	Burgers and Bags	8/9	Chillicothe/Morton/Washington	\$27/\$37
	Picnic in the Park	8/10	N/A	\$38/\$49
	Pizza and Bowling	8/16	N/A	\$40/\$51
	Youth Backyard Bash	8/17	N/A	\$18/\$23
	Waffle Bar	8/24	N/A	\$27/\$37
TOTAL COST:				

FORM #1: HISRA 2024 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 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): MPP 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:

<u>Program name</u>	<u>Cost/Fee</u>	<u>Applicant:</u>
_____	_____	<input type="checkbox"/> Lives in a group home
_____	_____	<input type="checkbox"/> Is a foster child/in foster care
_____	_____	<input type="checkbox"/> Is supported by alternative family member
_____	_____	<input type="checkbox"/> Lives independently
_____	_____	<input type="checkbox"/> 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



HISRA

summer 2024



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

