

# SPECIAL OLYMPICS & ATHLETICS BONUS PROGRAMS

## 2024 BONUS REGISTRATION



### SPECIAL OLYMPICS BOCCE

**AGES 8+**

Bocce is for everyone! Come be a part of our Special Olympics Bocce program! While a short season, this is sure to be an exciting time while we learn the game of bocce, practice on the court, and participate in the SOILL competition. This sport is open to athletes of all ability and knowledge levels. Practices will be held at Mt. Hawley Country Club.



Date	Day	Time	Fee	Location
8/6 - 10/8	Tues	5:30 - 7:00pm	R \$50/NR \$63	Mt. Hawley Country Club

**AGES 16+**

### SPECIAL OLYMPICS FLAG FOOTBALL

HISRA is launching a Special Olympics sanctioned flag football team! This co-ed senior team will practice at Richwoods High School for the season.

\*Please note that there will be no practice on 9/26 or 10/31.

Date	Day	Time	Fee	Location
8/22 - 11/2	Thur	5:30 - 7:30pm	R \$50/NR \$63	Richwoods High School



### ADULT OPEN GYM

**AGES 19+**

We are opening the HISRA gym! Come play a pick-up game of basketball or throw a game of bags. Whatever you choose, we want you to be active!

Date	Day	Time	Fee	Location
9/19	Thur	5:00 - 7:00pm	R \$18/NR \$23	HISRA



# SPECIAL OLYMPICS BONUS PROGRAMS

## 2024 BONUS REGISTRATION

X	Program	Date(s)	MDT	Fee
	Special Olympics Bocce	8/6 - 10/8	N/A	R \$50/ NR \$63
	Special Olympics Flag Football	8/22 - 11/2	N/A	R \$50/ NR \$63
	Adult Open Gym	9/19	N/A	R \$18/ NR \$23

**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:** \_\_\_\_\_