

FALL/WINTER
2024
SEPT - DEC

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

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

FROM US, TO YOU

Welcome Fall!

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 fall!

REGISTER AT:

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

DROP OFF IN LOCKED BOX OR
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 **AUGUST 20, 2024**

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

ANNUAL INFORMATION FORMS DISCLAIMER

All HISRA participants must have a current 2024 Annual Information Form, and/or any supplementary forms on file in order to participate in programs at HISRA. Any participants that do not have a current Annual Information Form on file will not be permitted to HISRA programs. All HISRA forms can be found at www.hisra.org/forms.

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 at webtrac.peoriaparks.org, and in person at the HISRA office.

SENSORY SANTA

All are welcome to come see Santa in a sensory friendly environment! Guests will be able to use their own device or camera to take pictures. Cookies and hot chocolate are included in the experience. This drop-in event is open to the public and guests are encouraged to pay what they can with an encouraged donation of \$5 per person at the door. 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.



Date	Day	Time	Location	Class #
12/14	Sa	11:00A-2:00P	HISRA	HFH52102-01

· UPCOMING PROGRAMS ·

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.

Sensory Considerations for Center-Based Programming

Please be advised that our center-based programming may involve activities with more than 20 participants in attendance. As a result, the environment can become loud at times, with various sensory stimuli including, but not limited to: flashing lights, games with timers, music playing, active movement and noise from group participation, etc.

We strive to create an inclusive and enjoyable experience for all participants. However, we understand that these conditions may not be suitable for individuals with certain sensory sensitivities. If you have any concerns or require specific accommodations, including specialized dietary requirements, please contact us in advance and we will do our best to support your needs.

HISRA HANGOUTS (AGES 17+)

Are you looking for a night full of games, crafts, and dinner? Come hangout at our HISRA Hangouts! Each month will have a different theme. We will be having a trivia night, playing spooktacular games, having fall festivities, and remembering holiday traditions like wreath making and cookie decorating! Every hangout will include dinner, games, crafts, and a movie!



Program	Dates	Day	Time	R/NR Fee	Class #
Trivia Night	9/14	Sa	5:00-9:00P	\$27/\$37	HFH52216-01
Spooktacular Soiree	10/4	F	5:00-9:00P	\$27/\$37	HFH52216-02
Fall Festivities	11/2	Sa	5:00-9:00P	\$27/\$37	HFH52216-03
Holiday Traditions	12/6	F	5:00-9:00P	\$27/\$37	HFH52216-04



BURGERS AND BAGS (AGES 17+)

Come enjoy a night full of friends and backyard games! There will be a Corn Hole "Bags" bracket to determine which duo will earn bragging rights for the night and other games set up for those not wanting to join a competition. We will grill burgers in the backyard for dinner.

Date	Day	Time	R/NR Fee	Class #
9/20	F	5:00-9:00P	\$27/\$37	HFH52203-01

CENTER BASED



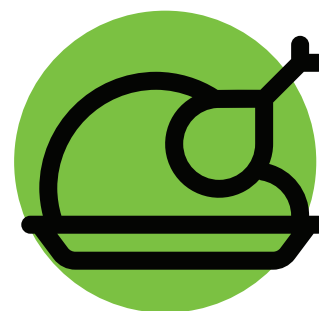
HISRA HALLOWEEN DANCE (AGES 15+)

You are all invited to HISRA's Halloween Dance! It will be such a fright to dance, snack, and listen to music all night! Costumes are optional but are highly encouraged! *Please make sure costumes are appropriate and non-violent in nature.

Date	Day	Time	R/NR Fee	Class #
10/26	Sa	7:00-9:00P	\$18/\$23	HFH52204-01

FRIENDSGIVING (AGES 15+)

Feast your eyes on our HISRA Friendsgiving this season! Spend the evening giving thanks for good food and even better, friends! We will be catering in a feast that will include dinner, drinks, and dessert. After dinner, we will play games and watch a holiday movie! If you have any dietary restrictions or require special accommodations for this program, please reach out to our office in advance.



Date	Day	Time	R/NR Fee	Class #
11/22	F	6:00-9:00P	\$35/\$45	HFH52205-01



HOLIDAY DANCE (AGES 15+)

There's no place like HISRA for the holidays! Join us as we kick off the holiday season with our annual Holiday dance! We will eat snacks, dance, and be merry. Even though we will be serving drinks and snacks at the dance, please be sure to eat dinner before coming to the dance.

Date	Day	Time	R/NR Fee	Class #
12/13	F	7:00-9:00P	\$18/\$23	HFH52207-01

CENTER BASED

YOUTH ACTIVITY HUB [AGES 5-16]

Come spend your Saturday afternoons in the fall and winter with friends at HISRA! We are going to end the summer and step into fall with a backyard cookout, playing fall themed games, having a game day, and making festive themed snacks and gifts.



Program	Dates	Day	Time	R/NR Fee	Class #
Youth Backyard Cookout	9/28	Sa	11:00-3:00P	\$27/\$37	HFH52218-01
Youth Fall Fest	10/25	F	5:00-9:00P	\$27/\$37	HFH52218-02
Youth Game Day	11/9	Sa	11:00-3:00P	\$27/\$37	HFH52218-03
Youth Maker Day	12/7	Sa	11:00-3:00P	\$27/\$37	HFH52218-04



PASTA-PALOOZA [AGES 17+]

Get ready for the ultimate pasta bar at HISRA! We will eat pasta with sauces, meat, cheese and all of the trimmings, before watching a movie with our friends to end the night.

Date	Day	Time	R/NR Fee	Class #
10/12	Sa	6:00-9:00P	\$27/\$37	HFH52220-01

ADULT MAKER'S NIGHT [AGES 19+]

In this maker event, participants will spend time making homemade gifts, wrapping gifts, and labeling each gift with the name of a family member or friend. Please eat dinner before coming to the program, but Christmas cookies and cocoa will be served during the program.



Date	Day	Time	R/NR Fee	Class #
12/12	Th	5:00-7:00P	\$18/\$23	HFH52502-01

· UPCOMING PROGRAMS ·

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.

Considerations for Community-Based Programming

Please note that some community-based programming takes place outdoors and participants may be exposed to various weather conditions, including but not limited to: rain, sun, wind, cold or hot temperatures. HISRA cannot control the environment, and activities will proceed as planned unless weather conditions pose a significant safety risk. We encourage participants to dress appropriately for the weather and bring any necessary items such as sunscreen, hats, rain gear, or extra layers.

While we strive to ensure a safe and enjoyable experience for all, please be aware that outdoor environments may present unpredictable elements. If you have any concerns or specific needs regarding weather conditions, please contact us in advance so we can discuss accommodations.

In addition, HISRA cannot control the environmental factors such as loud noise, smells, flashing lights, etc in community based programming. Please explore or get in touch with a new facility prior to attending to ensure your participant's success in a particular facility or program.

MINI GOLF & TREATS (AGES 19+)

There is no better way to end the summer than a round of mini golf and sweet treats with friends! Don't forget to eat dinner before the program!

Date	Day	Time	R/NR Fee	Location	Class #
9/13	F	5:00-9:00P	\$38/\$49	HISRA	HFH54210-01

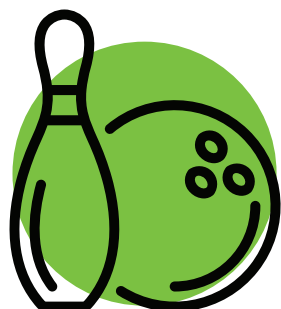


BONFIRE AT BLUE RIDGE (AGES 19+)

HISRA is headed to the farm! We will be meeting at HISRA and heading to the farm together to enjoy a cookout, live music by the fire, and s'mores. In the case of inclement weather, the program will be held indoors at HISRA. The bonfire will not be rescheduled.

Date	Day	Time	R/NR Fee	Location	Class #
10/11	F	5:00-9:30P	\$38/\$49	HISRA	HFH54206-01

COMMUNITY BASED



STRIKERS (AGES 15+)

Strikers is back for 8 weeks of bowling and fun. Bowlers of all skill levels are welcome to join in on the fun! Our season will end with an end of season celebration at Landmark Lanes. Drop off will be at Landmark Lanes at 4:15PM and pickup will be at 5:45PM.

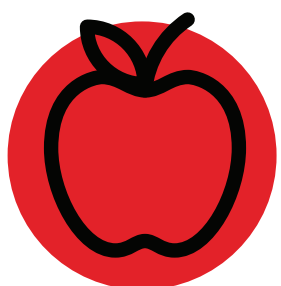
Dates	Day	Time	R/NR Fee	Location	Class #
9/11-10/30	W	4:15-5:45P	\$92/\$112	Landmark Lanes	HFH54207-01

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 #
9/28	Sa	6:00-9:00P	Washington - Plaza Lanes	\$40/\$51	HFH54202-01
10/18	F	6:00-9:00P	Morton - Potter's Alley	\$40/\$51	HFH54202-02
11/16	Sa	6:00-9:00P	Peoria - Landmark Lanes	\$40/\$51	HFH54202-03
12/14	Sa	6:00-9:00P	Washington - Plaza Lanes	\$40/\$51	HFH54202-04



ORCHARD OUTING (AGES 19+)

It's apple picking time! Come join us on the orchard outing as we explore all Christ Orchard has to offer, and pick apples! A small bag of "you-pick" apples is included in the program fee. Money will be needed for any additional apples, snacks, or merchandise. Please note that while the store of Christ Orchard is fully accessible, there may be uneven terrain at the u-pick/ orchard area.

Date	Day	Time	Location	R/NR Fee	Class #
9/21	Sa	10:00A-1:00P	HISRA	\$38/\$49	HFH54216-01

· UPCOMING PROGRAMS ·

COMMUNITY BASED

PUMPKIN PATCH PICKING (AGES 19+)

Come join us as we hunt for this year's Great Pumpkin! We will be going to a local pumpkin patch after meeting at HISRA. A small pumpkin or gourd is included in the program fee. Please bring money for any additional snacks, merchandise, or pumpkins.



Date	Day	Time	R/NR Fee	Class #
10/19	Sa	10:00A-1:00P	\$38/\$49	HFH54217-01

· UPCOMING PROGRAMS ·

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.

Ages	Dates	Day	Time	R/NR Fee	Class #
2-4	10/1-11/19	Tu	4:00-4:45P	\$25/\$32	HFH56101-01
5-7	10/1-11/19	Tu	5:00-5:45P	\$25/\$32	HFH56101-02

ATHLETICS

SPECIAL OLYMPICS BASKETBALL (AGES 8+)

We're playing basketball! The HISRA Special Olympic Basketball team will begin the season by focusing on the fundamental aspects of the game and will then begin to play local teams starting in early December. Practices will take place at the RiverPlex on Monday nights. Practice times and teams will be determined after the first practice. Practices scheduled after the District Competition are TBD.



Dates	Day	Time	Location	R/NR Fee	Class #
10/14-TBD	M	6:00-8:00P	Riverplex	\$60/\$75	HFH56501-01

* No Practice: 11/11, 12/23

* The annual Game Day scrimmage will be held at Lakeview Recreation Center on 12/1.

* All Special Olympics forms are due 10/8



HISRA JUNIOR BASKETBALL (AGES 8+)

HISRA's Junior Basketball team will practice the fundamentals of the game and learn the rules of the court at the HISRA gym. The season will culminate with a scrimmage during Game Day on December 1st.

*Please note that there will be no practice on 11/11.

Dates	Day	Time	Location	R/NR Fee	Class #
10/14-12/2	M	5:00-6:00P	HISRA	\$50/\$63	HFH52217-01

* No Practice: 11/11, 12/23

* The annual Game Day scrimmage will be held at Lakeview Recreation Center on 12/1

* All Special Olympics forms are due on 10/8

Every effort will be made to decide on cancellations due to inclement weather will be made by 2:00pm on the day of practice. Please call our weatherline at (309) 691-1929 ext. 1111 to find up-to-date information on program information.

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 BASKETBALL

Dates	Days	Time	Location
10/14 - 3/8	M	6:00 - 8:00P	Riverplex

JUNIOR BASKETBALL

Dates	Days	Time	Location
10/14 - 12/2	M	5:00 - 6:00P	HISRA

YOUNG ATHLETES

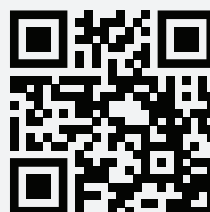
Dates	Days	Time	Location
10/1 - 11/19	Tu	4:00 - 5:45P	HISRA

STRIKERS

Dates	Days	Time	Location
9/11 - 10/30	W	4:15 - 5:45P	Landmark Lanes

SENSORY SANTA

Date	Day	Time	Location
12/14	Sa	11:00A - 2:00P	HISRA



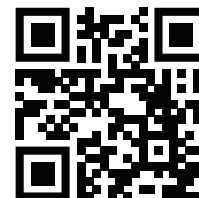
Interested in becoming a HISRA volunteer? Please contact **Karen Rodgers** at krodgers@hisra.org or scan the QR code to sign up online.



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.



REGISTRATION POLICIES & PROCEDURES

REGISTRATION PROCESS

On Tuesday, 8/20/24, HISRA will begin taking registrations for Fall 2024 programs at 8:30am, both online and in-person, at our offices. Please note that any registrations for Fall programs received prior to 8/20/24 will be placed, unopened, in a folder in our front office. On 8/20/24, 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 8/20/24 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 is 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. For further information on our policies and procedures, please visit our website at www.hisra.org.



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

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
	Strikers	9/11-10/30	N/A	\$92/\$112
	Mini Golf & Treats	9/13	Chillicothe/Morton/Washington	\$38/\$49
	HISRA Hangouts – Trivia Night	9/14	N/A	\$27/\$37
	HISRA Hangouts – Spooktacular Soiree	10/4	N/A	\$27/\$37
	HISRA Hangouts – Fall Festivities	11/2	N/A	\$27/\$37
	HISRA Hangouts – Holiday Traditions	12/6	N/A	\$27/\$37
	Burgers & Bags	9/20	N/A	\$27/\$37
	Orchard Outing	9/21	Chillicothe/Morton/Washington	\$38/\$49
	Youth Backyard Cookout	9/28	N/A	\$27/\$37
	Youth Fall Fest	10/25	N/A	\$27/\$37
	Youth Game Day	11/9	N/A	\$27/\$37
	Youth Maker Day	12/7	N/A	\$27/\$37
	Pizza & Bowling – Washington	9/28	N/A	\$40/\$51
	Pizza & Bowling –Morton	10/18	N/A	\$40/\$51
	Pizza & Bowling – Peoria	11/16	N/A	\$40/\$51
	Pizza & Bowling – Washington	12/14	N/A	\$40/\$51
	Young Athletes (Ages 2-4)	10/1-11/19	N/A	\$25/\$32
	Young Athletes (Ages 5-7)	10/1-11/19	N/A	\$25/\$32
	Bonfire at Blue Ridge	10/11	Chillicothe/Morton/Washington	\$38/\$49
	Pasta Palooza	10/12	N/A	\$27/\$37
	Special Olympics Basketball	10/14-TBD	N/A	\$60/\$75
	HISRA Junior Basketball	10/14-12/2	N/A	\$50/\$63
	Pumpkin Patch Picking	10/19	Chillicothe/Morton/Washington	\$38/\$49
	HISRA Halloween Dance	10/26	Chillicothe/Morton/Washington	\$18/\$23
	Friendsgiving	11/22	Chillicothe/Morton/Washington	\$35/\$45
	Adult Maker's Night	12/12	N/A	\$18/\$23
	Holiday Dance	12/13	Chillicothe/Morton/Washington	\$18/\$23
	Sensory Santa	12/14	N/A	
		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.

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: ____/____/____



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	Applicant	Adult	Adult	Child	Child
Please print first name					
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

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