

WINTER/SPRING
2025
JAN - APR



HISRA registration

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

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

Welcome Winter & Spring!

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 coming winter and spring!

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:

December 10, 2024

*A one-week priority registration period will be open on December 10th, 2024 for HISRA participants who are in-district residents of Peoria, Chillicothe, Washington and Morton Park Districts. All participants who reside out-of-district will have the opportunity to register for HISRA winter/spring program options beginning December 17th, 2024.

▶ open registration begins **DECEMBER 17, 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.



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

REMINDER

2025 ANNUAL INFORMATION FORMS ARE DUE

As HISRA requires updated participant forms for each calendar year, 2025 Annual Information and supplementary forms are due for all HISRA participants. Please visit www.hisra.org/forms to complete HISRA's 2025 Annual Information Form, along with any other applicable forms. Each participant must have a current 2025 form on file, submitted two weeks prior to the program start date to participate in HISRA programming.

HISRA FEE LANGUAGE CHANGE

Attention HISRA Participants and Families!

We would like to inform you of an important change in the language we use for our program fees. Going forward, **we will be updating our terminology from Resident/ Non-Resident (R/NR) to In-District/Out-of-District (In Dist/ Out of Dist)**. This change better reflects our service areas and eligibility for fee structures based on your home park district.

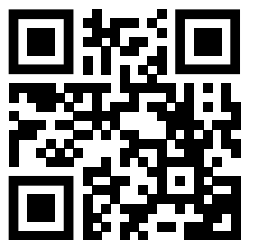
- **In-District:** Refers to individuals who reside within the boundaries of Chillicothe, Morton, Peoria, or Washington Park Districts
- **Out-of-District:** Refers to individuals residing outside these park district boundaries



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.



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.

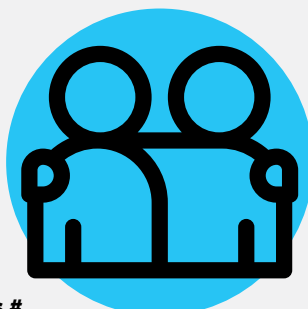
Sensory Considerations for Center-Based Programming

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+)

Looking for a night full of games, crafts and dinner? Come hangout with your friends at our HISRA Hangouts. Each month will be focused around a different theme – Penguin Party, Super Sports, Trivia Night, and Garden Party!



Program	Dates	Day	Time	In/Out of Dist Fee	Class #
Penguin Party	1/10	F	5:00-9:00P	\$28/\$42	HWH52207-01
Super Sports	2/8	Sa	5:00-9:00P	\$28/\$42	HWH52207-02
Trivia Night	3/7	F	5:00-9:00P	\$28/\$42	HWH52207-03
Garden Party	4/12	Sa	5:00-9:00P	\$28/\$42	HWH52207-04



SOUP & SWEATERS (AGES 17+)

Let's warm up with soup and sweaters! Wear your favorite cozy sweater and spend the evening preparing and enjoying a full salad bar and multiple soup varieties.

Date	Day	Time	In/Out of Dist Fee	Class #
1/11	Sa	5:00-9:00P	\$40/\$60	HWH52220-01

CENTER BASED



ST. PATRICK'S DAY DANCE (AGES 15+)

Put on your dancing shoes, because we are going to have a ceili dance at HISRA! We will have an Irish born HISRA employee leading the dance for the night. Irish sourced and themed snacks will be provided during the gathering. We guarantee the night will be full of fun, laughter and jigs & reels!

Date	Day	Time	In Out/of Dist Fee	Class #
3/14	F	7:00-9:00P	\$19/\$29	HWH52203-01

HISRA PIZZA PARTY (AGES 17+)

Plain cheese? Supreme with everything? Adventurous with anchovies and pineapple? The pizza possibilities are endless! Participants will be preparing and enjoying a full salad bar and individual pizzas with their favorite topping combinations!



Date	Day	Time	In Dist/Out of Dist Fee	Class #
2/1	Sa	5:00-9:00P	\$28/\$42	HWH52221-01



VALENTINE'S DAY BAKING NIGHT (AGES 15+)

Come prepare for Valentine's Day by making sweet treats with friends! Everyone will leave with two packages of sweets – one to enjoy and one to share with a friend!

Date	Day	Time	In Dist/Out of Dist Fee	Class #
2/13	Th	5:00-7:00P	\$19/\$29	HWH52223-01

CENTER BASED

YOUTH PARTY SERIES (AGES 16+)

HISRA is hosting parties just for the youth participants! The afternoon will be filled with themed snacks, games, and crafts. Siblings and friends are encouraged to register for the program and join in on the fun!



Program	Dates	Day	Time	In/Out of Dist Fee	Class #
Youth Valentine's Party	2/8	Sa	1:00–3:00P	\$19/\$29	HWH52253-01
Happy Birthday Dr. Suess!	3/2	Su	1:00–3:00P	\$19/\$29	HWH52253-02



POPCORN & MOVIE NIGHT (AGES 15+)

A Friday night spent with friends is a Friday night well spent! We will be watching classic movies and enjoying movie theatre style snacks!

Date	Day	Time	In/Out of Dist Fee	Class #
2/21	F	6:00–9:00P	\$27/\$37	HWH52251-01

BAKED POTATO BAR (AGES 17+)

What did the potato want to be when he grew up? An Astro–tot! Join us as we prepare and enjoy a baked potato and salad bar full of your favorite toppings!



Date	Day	Time	In/Out of Dist Fee	Class #
3/21	F	5:00–9:00P	\$40/\$60	HWH52254-01

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.

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.

HELLO 2025! (AGES 13-21)

Let's start the New Year together! All teens are welcome to come play games, create 2025 vision boards, and hang out! Lunch will be served. Friends and siblings are encouraged to join in on the party!



Date	Day	Time	In/Out of Dist Fee	Location	Class #
1/1	W	11:00A–3:00P	\$19/\$29	Bicycle Safety Town	HWH54201-01



RIVERMAN HAT TRICK (AGES 19+)

HISRA is shooting for a hat trick! We will be cheering on the Peoria Rivermen at 3 home games this season. Come to one, come to all – just don't forget to plan to bring cash for any concessions or souvenirs. Please note that Carver Arena is a cashless venue.

Dates	Day	Time	In/Out of Dist Fee	Location	Class #
1/17	F	5:30–10:30P	\$46/\$69	HISRA	HWH54202-01
2/23	Su	1:30–6:30P	\$46/\$69	HISRA	HWH54202-02
3/29	Sa	5:30–10:30P	\$46/\$69	HISRA	HWH54202-03

COMMUNITY BASED

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



Program	Dates	Day	Time	In/Out of Dist Fee	Location	Class #
Landmark Lanes	1/18	Sa	5:00–9:00P	\$42/\$63	HISRA	HWH54208-01
Plaza Lanes	2/7	F	5:00–9:00P	\$42/\$63	HISRA	HWH54208-02
Mt. Hawley Bowling	3/22	Sa	5:00–9:00P	\$42/\$63	HISRA	HWH54208-03
Landmark Lanes	4/25	F	5:00–9:00P	\$42/\$63	HISRA	HWH54208-04



SCAVENGER HUNT (AGES 17+)

We're on the hunt for hidden local gems! We will be breaking into teams and hitting the town to discover local attractions as we crack riddles and clues.

Date	Day	Time	In/Out of Dist Fee	Location	Class #
1/16	Th	5:00–7:00P	\$19/\$29	HISRA	HWH54206-01

STRIKERS (AGES 15+)

Strikers is back for 8 weeks of bowling 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 at after we complete two games.



Dates	Day	Time	In/Out of Dist Fee	Location	Class #
2/12–4/9	W	4:15–5:45P	\$96/\$144	Landmark Lanes	HWH54205-01



POTTERY & TREATS (AGES 19+)

Join us as we paint pottery at Art at the Bodega and enjoy some sweet treats!

Date	Day	Time	In/Out of Dist Fee	Location	Class #
3/1	Sa	12:00–3:00P	\$40/\$60	HISRA	HWH54211-01

COMMUNITY BASED

CANDLE POURING OUTING (AGES 19+)

Do you prefer candle scents that are fruity or fresh? Baked goods or florals? Participants will be pouring their own candle with any scent that they choose!



Date	Day	Time	In/Out of Dist Fee	Location	Class #
2/22	Sa	2:00–5:00P	\$46/\$69	HISRA	HWH54213-01



BRUNCH WITH YOUR BUDDIES (AGES 19+)

Let's meet at HISRA and head to a mystery local restaurant for brunch! The price of registration includes the meal.

Date	Day	Time	In/Out of Dist Fee	Location	Class #
3/8	Sa	11:00A–2:00P	\$46/\$69	HISRA	HWH54204-01

WING NIGHT (AGES 19+)

Wings, games, friends! Bring your friends and siblings and come hang out!



Date	Day	Time	In/Out of Dist Fee	Location	Class #
4/4	F	5:00–9:00P	\$40/\$60	Bicycle Safety Town	HWH54203-01



PICNIC IN THE PARK (AGES 19+)

As the weather gets more spring-like, 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	In/Out of Dist Fee	Location	Class #
4/26	Sa	11:00A–3:00P	\$40/\$60	HISRA	HWH54212-01

ATHLETIC PROGRAMS

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. All HISRA Young Athletes are encouraged to take part in the state wide culmination event on June 20th.



Dates	Day	Time	In/Out of Dist Fee	Location	Class #
2/19-4/23	W	5:00-6:00P	\$43/\$50	HISRA	HWH56101-01



BAGS LEAGUE (AGES 16+)

Bags, cornhole, tailgate toss... Whatever you call it, we are starting a Bags League at HISRA! On the first night, teams will be created and we will draw spots to fill the bracket. Players of all skill levels are welcome!

Dates	Day	Time	In/Out of Dist Fee	Location	Class #
2/18-3/25	Tu	6:00-7:00P	\$26/\$58	HISRA	HWH56102-01

SPECIAL OLYMPICS AQUATICS (AGES 8+)

Splash into this seasons Special Olympics Swimming program! Practice will be held on Sunday afternoons at The Clubs at River City. Based on enrollment and event selections, specific times may be changed after the first practice. Please note that there will be no practice scheduled for 2/9, 3/16, or 3/30. Athletes will be swimming hard for the Regional Competition to be held on Saturday, April 5th. Weekly practice will then continue for those athletes who advance to compete at the SOILL Summer Games held in June! Please be aware that additional training fees will be required for any athlete that advances to the Summer Games.



Dates	Day	Time	In/Out of Dist Fee	Location	Class #
1/19-3/23	Su	3:00-5:00P	\$75/\$94	HISRA	HWH56501-01

ATHLETIC PROGRAMS

YOGA (AGES 15+)

Come join us as we spend 4 weeks improving our balance, gross motor movement, and motor control! Yoga mats will be provided, but don't forget to bring a water bottle.



Program	Dates	Day	Time	In/Out of Dist Fee	Location	Class #
Session 1	1/14-2/4	Tu	4:00-5:00P	\$32/\$39	HISRA	HWH56103-01
Session 2	3/4-4/1	Tu	4:00-5:00P	\$32/\$39	HISRA	HWH56103-02



SPECIAL OLYMPICS TRACK & FIELD (AGES 8+)

Get ready to spend your Winter/Spring getting in shape, competing and spending time with friends – HISRA's Special Olympics Track & Field team will hit the ground running this Winter/Spring season! Practice will be held weekly at the Peoria Notre Dame High School track. The SOILL Spring Games (State Qualifier) will be held on Sunday, May 4th. Practice will continue for those who place within the qualifying event and will compete at the SOILL Summer Games (State Competition) held in June. Please be aware that additional training fees will be required for any athlete that advances to Summer Games.

Dates	Day	Time	In/Out of Dist Fee	Location	Class #
2/10-4/27	M	6:00-7:30P	\$52/\$65	HISRA	HWH56502-01

REGISTRATION POLICIES & PROCEDURES

REGISTRATION PROCESS

On Tuesday, 12/10/24, HISRA will begin taking registrations for Winter/ Spring 2025 programs at 8:30am, both online and in-person, at our offices. Please note that any registrations for Fall programs received prior to 12/10/24 will be placed, unopened, in a folder in our front office. On 12/10/24, 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 12/10/24 registration opening date.

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

1. Registration form (front and back side)
2. 2025 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 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 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.

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



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

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.

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

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.

HISRA Transportation Policies & Instructions

X	TITLE	DATES	MDT	FEE - IN/OUT
	Hello 2025!	1/1	N/A	\$19/\$29
	HISRA Hangouts – Penguin Party	1/10	N/A	\$28/\$42
	HISRA Hangouts – Super Sports	2/8	N/A	\$28/\$42
	HISRA Hangouts – Trivia Night	3/7	N/A	\$28/\$42
	HISRA Hangouts – Garden Party	4/12	N/A	\$28/\$42
	Soup & Sweaters	1/11	N/A	\$40/\$60
	Yoga – Session 1	1/14–2/4	N/A	\$32/\$39
	Yoga – Session 2	3/4–4/1	N/A	\$32/\$39
	Scavenger Hunt	1/16	N/A	\$19/\$29
	Riverman Hat Trick	1/17	Chillicothe/Morton/Washington	\$46/\$69
	Riverman Hat Trick	2/23	Chillicothe/Morton/Washington	\$46/\$69
	Riverman Hat Trick	3/29	Chillicothe/Morton/Washington	\$46/\$69
	Pizza & Bowling – Landmark Lanes	1/18	N/A	\$42/\$63
	Pizza & Bowling – Plaza Lanes	2/7	N/A	\$42/\$63
	Pizza & Bowling – Mt. Hawley Bowling	3/22	N/A	\$42/\$63
	Pizza & Bowling – Landmark Lanes	4/25	N/A	\$42/\$63
	Special Olympics Aquatics	1/19–3/23	N/A	\$75/\$94
	HISRA Pizza Party	2/1	N/A	\$28/\$42
	YPS – Youth Valentine’s Day	2/8	N/A	\$19/\$29
	YPS – Happy Birthday Dr. Suess!	3/2	N/A	\$19/\$29
	Special Olympics Track & Field	2/10–4/27	N/A	\$52/\$65
	Strikers	2/12–4/9	N/A	\$96/\$144
	Valentine’s Day Baking Night	2/13	N/A	\$19/\$29
	Bags League	2/18–3/25	N/A	\$26/\$58
	Young Athletes	2/19–4/23	N/A	\$43/\$50
	Popcorn & Movie Night	2/21	N/A	\$27/\$37
	Candle Pouring Outing	2/22	Chillicothe/Morton/Washington	\$46/\$69
	Pottery and Treats	3/1	Chillicothe/Morton/Washington	\$40/\$60
	Brunch With Your Buddies	3/8	Chillicothe/Morton/Washington	\$46/\$69
	St. Patrick’s Day Dance	3/14	Chillicothe/Morton/Washington	\$19/\$29
	Baked Potato Bar	3/21	N/A	\$40/\$60
	Wing Night	4/4	N/A	\$40/\$60
	Picnic in the Park	4/26	Chillicothe/Morton/Washington	\$40/\$60
		TOTAL COST:		

Please “X” those programs you would like to register for below

FORM #1: HISRA 2025 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?



Heart of Illinois Special Recreation Association
P: (309) 691-1929 | F: (309) 691-4383 | hisra@peoriaparks.org
8727 North Pioneer Road, Peoria, IL 61615

Heart of Illinois
Special Recreation
Association

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 #1: HISRA 2025 ANNUAL INFORMATION FORM

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

- ☐ Other: _____
- ☐ Independently

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: _____

DIET AND FEEDING:

BIRTHDATE: _____/_____/_____

MOBILITY:

☐ Participant should be transferred out of wheelchair every ____ hour(s) for ____ (mins/hours)

- ☐ 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

- ☐ Has difficulty navigating stairs
 - ☐ Needs assistance climbing stairs
 - ☐ Needs assistance descending stairs

☐ **Completely independent but needs prompts**

- ☐ Reminder to use restroom every _____ hour(s)
- ☐ Prompts to _____
(eg: wipe, wash hands, etc.)

☐ Assistance wiping ☐ Urination ☐ Bowel Movement

☐ **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

☐ Uses adaptive drinking utensils (please list eg: straw, sippy cup) _____

☐ 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)☐ 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.

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

**HEART OF ILLINOIS SPECIAL RECREATION ASSOCIATION
FORM #9: HISRA CONFIDENTIAL SCHOLARSHIP APPLICATION**



Household Info	Applicant	Adult	Adult	Child	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

PRSRT STD
U.S. POSTAGE
PAID
PEORIA, IL
PERMIT NO. 247

