

WINTER/SPRING PROGRAMS

2025 BONUS REGISTRATION



WATERCOLOR WONDERS

AGES 17+

Discover the magic of watercolor! Whether you're a beginner or experienced artist, explore color blending, brush techniques, and composition in a fun, expressive setting. Let your creativity flow!

Date	Day	Time	Fee	Location
3/6	Thur	5:00 - 7:00pm	R \$19/NR \$29	HISRA

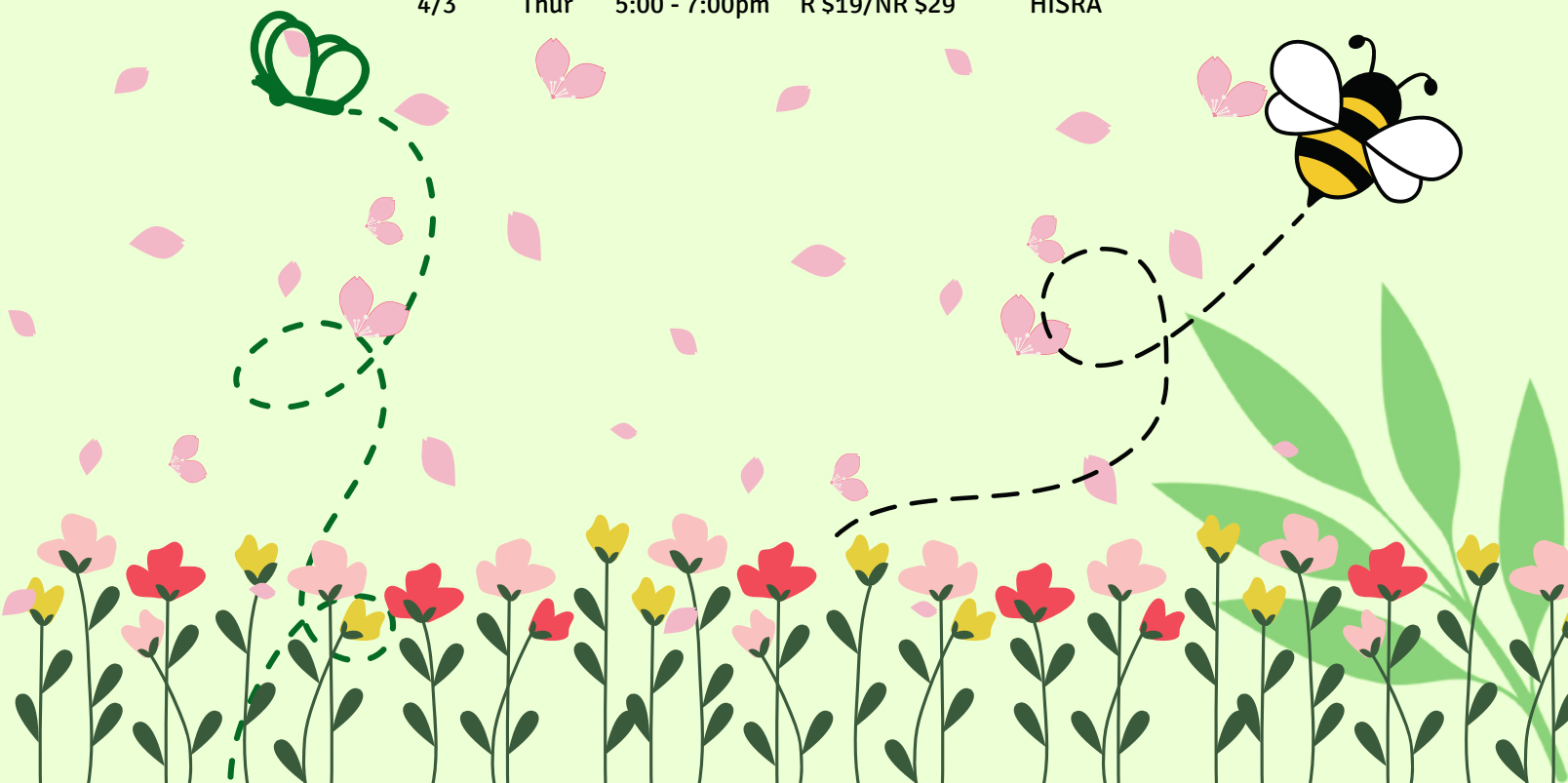


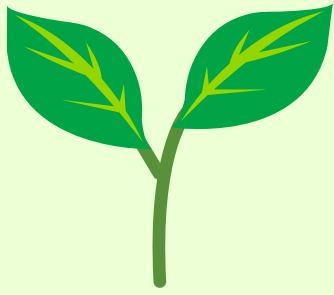
AGES 17+

KARAOKE NIGHT

Grab the mic and take center stage at Karaoke Night! Whether you're a seasoned performer or just singing for fun, this is your chance to belt out your favorite tunes in a lively, supportive atmosphere. With a wide selection of songs and plenty of energy, it's a night of music, laughter, and unforgettable performances. Come solo or bring friends—either way, the stage is yours!

Date	Day	Time	Fee	Location
4/3	Thur	5:00 - 7:00pm	R \$19/NR \$29	HISRA





WINTER/SPRING PROGRAMS

2025 BONUS REGISTRATION



X	Program	Date(s)	MDT	Fee
	Watercolor Wonders	3/7	N/A	R \$19/ NR \$29
	Karaoke Night	4/3	N/A	R \$19/ NR \$29



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:** _____

