

SUMMER
2025
APR - 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

Welcome to a Summer of Fun with Heart of Illinois Special Recreation!

Dear Families and Friends,

Summer is just around the corner, and we can't wait to make it an unforgettable season at HISRA! Our team is thrilled to offer an exciting lineup of programs, activities, and adventures designed to bring joy, friendship, and endless summer fun to participants of all abilities.

From creative arts and community exploration to sports and special events, our summer programs are crafted to inspire confidence, promote inclusivity, and create lasting memories. Whether you're looking to try something new, connect with old friends, or simply enjoy the sunshine, there's something for everyone to enjoy.

At HISRA, we believe in the power of recreation to uplift and empower, and our dedicated staff is committed to ensuring a safe, welcoming, and enriching environment for all. We can't wait to share another season of laughter, learning, and adventure with you!

Join us for a summer filled with smiles, sunshine, and special moments. Let's make it the best one yet!

See you soon,
Katie Van Cleve, Executive Director

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*:

April 1st, 2025

*A one-week priority registration period will be open on April 1st, 2025 for In-District Households in Peoria, Chillicothe, Washington and Morton Park Districts. All Out-of-District Households will have the opportunity to register for HISRA summer programs beginning April 8th, 2025.

▶ open registration begins **APRIL 8th, 2025**

Registration deadlines are two weeks prior to the start date of each program. Unless otherwise specified, all events are held at Heart of Illinois Special Recreation Association located at 8727 N PIONEER RD, PEORIA, IL 61615.

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.

WHAT DISTRICT IS MY HOUSEHOLD IN?

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



Member district transportation is available on select programs

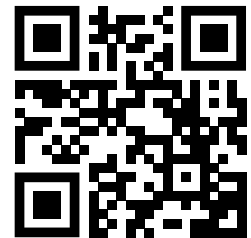
Includes pick ups in Morton at Freedom Hall, Washington at St Clare Crossing and Chillicothe at Shore Acres Park



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.



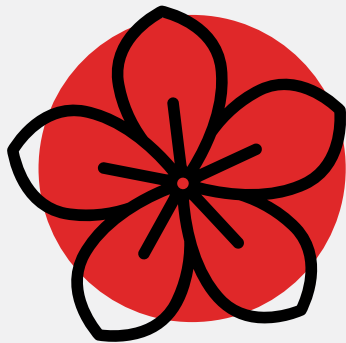
CENTER BASED

SUMMER LUAU DANCE (AGES 15+)

Light the tiki torches and get ready to end 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	In/Out of Dist Fee	Class #
8/8	F	7:00-9:00P	\$19/\$29	HSH52201-01



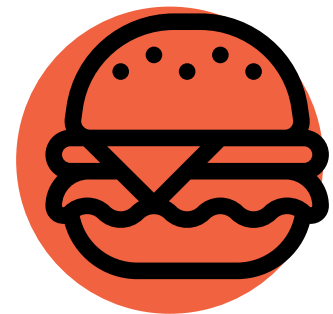
MAY DAY FLOWER BAR (AGES 15+)

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.

Date	Day	Time	In/Out of Dist Fee	Class #
5/1	Th	5:00-7:00P	\$19/\$29	HSH52202-01

BURGERS & BAGS (AGES 17+)

This August, we're bringing the fun to our own backyard with an epic Backyard Bonanza! Get ready to grill up some burgers, play a few rounds of bags, and make unforgettable memories with friends. It's the perfect way to soak up the summer vibes!



Date	Day	Time	In/Out of Dist Fee	Class #
8/1	F	5:00-9:00P	\$40/\$60	HSH52203-01

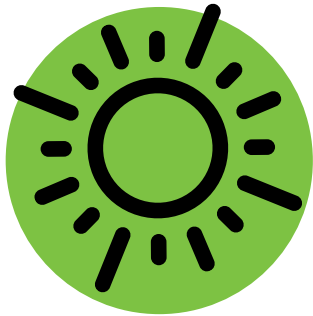
CENTER BASED

YOUTH BACKYARD BBQ (AGES 5-16)

Kick back, relax, and enjoy a summer afternoon at our Youth Backyard BBQ! We'll be grilling up burgers and hot dogs, playing outdoor games, and making awesome memories with friends. It's the perfect way to soak up the summer fun!



Date	Day	Time	In/Out of Dist Fee	Class #
8/9	Sa	11:00A-2:00P	\$30/\$45	HSH52205-01



YOUTH SUMMER KICKOFF (AGES 5-16)

Let's kick off the summer season with friends! Participants will enjoy playing yard games in the back yard, seasonal craft projects, and a snack.

Date	Day	Time	In/Out of Dist Fee	Class #
5/3	Sa	1:00-3:00P	\$19/\$29	HSH52207-01

TEEN GAME NIGHT (AGES 15-21)

Calling all teens! Join us for a fun-filled Teen Game Night at Bicycle Safety Town! Enjoy an evening of board games, video games, outdoor activities, prizes and snacks while hanging out with friends. Whether you're up for some friendly competition or just want to chill, this is the place to be!



Date	Day	Time	In/Out of Dist Fee	Class #	Location
5/8	Th	5:00-7:00P	\$19/\$29	HSH54214-01	Bicycle safety Town

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 having a tropical luau party, watching movies outdoors, grilling out in the backyard, and enjoying sundaes! As always, every hangout will include dinner, games, crafts, and a movie.



Date	Day	Time	In/Out of Dist Fee	Class #	Program
5/16	F	5:00-9:00P	\$28/\$42	HSH52503-01	Tropical Luau
6/28	Sa	5:00-9:00P	\$28/\$42	HSH52503-02	Outdoor Movie Night
7/26	Sa	5:00-9:00P	\$28/\$42	HSH52503-03	Backyard BBQ
8/22	F	5:00-9:00P	\$28/\$42	HSH52503-04	Sundae Friday



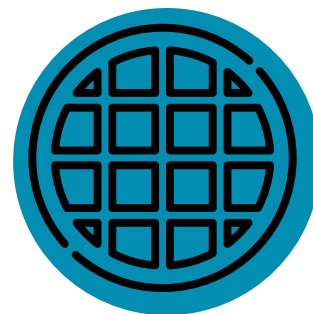
ADULT GAME NIGHT (AGES 15+)

Game on! Join us for a fun and relaxed Adult Game Night at HISRA, where you can challenge friends to board games, card games, and more! Whether you're feeling competitive or just want to unwind, there's something for everyone. Plus, enjoy some snacks and great company while you play!

Date	Day	Time	In/Out of Dist Fee	Class #
8/14	Th	5:00-7:00P	\$19/\$29	HSH52505-01

WAFFLE BAR BRUNCH (AGES 17+)

Start your Saturday morning off right at HISRA with our delicious waffle bar! Whether you're a fan of sweet or savory waffles, why choose? Try both while enjoying a fun and relaxing morning with friends. Don't miss out on the ultimate breakfast treat!



Date	Day	Time	In/Out of Dist Fee	Class #
8/16	Sa	11:00A-2:00P	\$40/\$60	HSH52510-01

CENTER BASED

PUZZLES AND PASTRIES [AGES 17+]

Why did the puzzle piece start eating pastries? Because it needed something to fill the gaps! We will be filling our Saturday mornings with friends, puzzles, and pastries.



Date	Day	Time	In/Out of Dist Fee	Class #
5/10	Sa	9:00-11:00A	\$19/\$29	HSH54213-01
6/14	Sa	9:00-11:00A	\$19/\$29	HSH54213-02
7/19	Sa	9:00-11:00A	\$19/\$29	HSH54213-03
8/23	Sa	9:00-11:00A	\$19/\$29	HSH54213-04



CINCO DE MAYO FIESTA [AGES 15+]

Join us for a festive Cinco de Mayo celebration filled with delicious food, fun activities, and great company! We'll enjoy a tasty taco bar, play themed games, and embrace the vibrant spirit of this special day. Don't miss out on the fun!

Date	Day	Time	In/Out of Dist Fee	Class #
5/3	Sa	6:00-9:00P	\$40/\$60	HSH52206-01

COMMUNITY BASED

MINI GOLF & 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!



Date	Day	Time	In/Out of Dist Fee	Class #
5/9	F	6:00-9:00P	\$40/\$60	HSH52507-01
8/9	Sa	6:00-9:00P	\$40/\$60	HSH52507-02

COMMUNITY BASED



PEORIA CITY SOCCER OUTING (AGES 19+)

HISRA is heading to cheer on our local Peoria City Soccer teams! Be ready to cheer and be on the edge of your seat as the athletes race across the field.

Dates	Day	Time	In/Out of Dist Fee	Class #
6/7	Sa	6:30-10:00P	\$46/\$69	HSH54203-01
7/12	Sa	6:30-10:00P	\$46/\$69	HSH54203-02

PIZZA & BOWLING (AGES 19+)

Get ready for a strike-tastic night of fun! Join us for an evening of bowling and delicious pizza with friends. Whether you're aiming for a strike or just in it for the laughs, this is a night you won't want to miss!

Pick-up and drop-off will take place at the bowling alley.



Date	Day	Time	In/Out of Dist Fee	Class #	Program
5/2	F	6:00-9:00P	\$42/\$63	HSH54201-01	Pizza and Bowling - Potter's Alley
6/14	Sa	6:00-9:00P	\$42/\$63	HSH54201-02	Pizza and Bowling - Lankdmark Lanes
7/19	Sa	6:00-9:00P	\$42/\$63	HSH54201-03	Pizza and Bowling - Plaza Lanes
8/15	F	6:00-9:00P	\$42/\$63	HSH54201-04	Pizza and Bowling - Lankdmark Lanes



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	In/Out of Dist Fee	Class #
8/2	Sa	11:00A-3:00P	\$40/\$60	HSH54219-01

ATHLETIC PROGRAMS

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!



SPECIAL OLYMPICS GOLF SKILLS

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 is held at the Golf Learning Center. Please be ready on the green at the golf Learning Center at 4:45pm sharp, so that we can make best use of the golf professional's time.

SPECIAL OLYMPICS GOLF

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.

Dates	Day	Time	In/Out of Dist Fee	Class #	Program
5/14-7/30	W	4:45-5:30P	\$104/\$156	HSH56501-01	Special Olympics Golf Skills
5/14-7/30	W	5:45-7:00P	\$104/\$156	HSH56501-02	Special Olympics Golf

Location

Special Olympics Golf Skills will be at the Golf Learning Center
Special Olympics Golf will be at Kellogg Golf Course

Important Dates

- 5/28: Med Apps Due
- 7/2: No practice
- 8/1: Regional Competition
- 8/6: No practice
- 9/6-9/7: State Competition

Unified Partners

Are you interested in participating with a Special Olympic golfer? **Please contact Kendrick Foster at kfoster@hisra.org** for more information.

ATHLETIC PROGRAMS

SPECIAL OLYMPICS SOFTBALL (AGES 14+)

Batter up! Those interested in the team will experience instruction and practice time with knowledgeable coaches and volunteers. Practice will be held at Laura Bradley Park Softball Diamond. Additional fees will be charged if the team advances to State Championships. Players will be divided into teams based off of skill level after the first practice. All athletes are expected to attend the first practice, in order 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 7:00pm – 8:00pm.



Date	Day	Time	In/Out of Dist Fee	Class #	Location
5/8-7/24	Th	6:00-8:00P	\$52/\$78	HSH56502-01	Bradley Park

Important Dates

- 5/22: Med Apps Due
- 7/31: No practice
- 7/26: Regional Competition
- 9/6-9/7: State Competition

New day of the week! Now on Thursdays!



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	In/Out of Dist Fee	Class #
5/12-7/14	M	5:30-7:00P	\$67/\$101	HSH56503-01

Location

Landmark Lanes

Important Dates

- 5/26: Med Apps Due
- 9/5: Sectional Competition
- 8/23: Regional Competition
- 9/8: No practice
- 8/25: No practice
- 10/3: State Competition

ATHLETIC PROGRAMS

SPECIAL OLYMPICS FLAG FOOTBALL (AGES 14+)

Catch and run a touchdown with our Flag Football team! Our team will be returning to the scene as State Championships, as we look forward to another fun season. New athletes are welcome to join the team. Practice is held at HISRA.



Dates	Day	Time	In/Out of Dist Fee	Class #
7/9-10/29	Tu	5:30-7:00P	\$52/\$78	HSH56505-01

Important Dates

- 7/23: Med Apps Due
- 9/28: Regional Competition
- 10/7: No practice
- 11/1-11/2: State Competition



SPECIAL OLYMPICS BOCCE BALL (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 HISRA.

Dates	Day	Time	In/Out of Dist Fee	Class #
7/6-9/28	Su	3:00-4:30P	\$52/\$78	HSH56506-01

Important Dates

- 6/29: No practice
- 6/20-6/22: State Competition
- 7/20: Med Apps Due
- 10/4: Regional Competition

FITNESS WITH HISRA (AGES 8+)

If you are looking to get into shape before the Special Olympics sports season begins this is your sign to join. We will be focusing on the physical health aspect moving our bodies and getting stronger, faster, mobile, and more.



Dates	Day	Time	In/Out of Dist Fee	Class #
4/29-5/20	Tu	4:15-5:45P	\$26/\$39	HSH52501-01

REGISTRATION POLICIES & PROCEDURES

REGISTRATION GUIDELINES

In-District Priority Registration

Any household in HISRA's four member park districts (Peoria Park District, Chillicothe Park District, Morton Park District, and Washington Park District) will get one week of priority registration, from April 1st through April 7th. Any household outside of the above member districts (Out-of-District) will not be eligible to register for summer programs at this time, but will be able to register on or after April 8th, when open registration begins.

- **If you are an In-District Household:**

On Tuesday, 4/1/25, HISRA will begin taking in-district priority registrations for summer programs at 8:30am, both online on WebTrac, and in-person at our offices. Please note that any registrations for summer programs received prior to 4/1/25 will be placed, unopened, in a folder in our front office. On 4/1/25, 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 4/1/25 in district priority registration opening date. Please note that out-of-district households will not be eligible for priority registration during this time, but will be able to register on or after April 8th, when open registration begins.

- **If you are an Out-of-District Household:**

On Tuesday, 4/8/25, HISRA will begin taking all registrations for summer programs at 8:30am, both online on WebTrac, and in-person at our offices. Please note that any registrations for camp received prior to 4/8/25 will be placed, unopened, in a folder in our front office. On 4/8/25, 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 out-of-district registrations that have been received prior to the 4/8/25 open registration opening date.

If you are new to HISRA:

First of all, we are so excited that we are going to see a new face this summer! HISRA staff arrange and conduct an informal assessment of all new HISRA participants prior to program participation. This is to ensure the safety and wellbeing of the participant during programming, but is also a great opportunity for us to get to know the participants and their family, and also for parents/guardians and the participant to ask staff questions about programs. We require all new participants to have completed their informal assessments at least two weeks prior to the start date of the program which they are attending.

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**

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 out-of-district 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 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 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.



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

Please "X" those programs you would like to register for below

X	TITLE	DATES	MDT	FEE - IN/OUT
	Fitness with HISRA	4/29-5/20	N/A	\$26/\$39
	May Day Flower Bar	5/1	N/A	\$19/\$29
	Pizza and Bowling - Potter's Alley	5/2	N/A	\$42/\$63
	Pizza and Bowling - Landmark Lanes	6/14	N/A	\$42/\$63
	Pizza and Bowling - Plaza Lanes	7/19	N/A	\$42/\$63
	Pizza and Bowling - Landmark Lanes	8/15	N/A	\$42/\$63
	Cinco de Mayo Fiesta	5/3	N/A	\$40/\$60
	Youth Summer Kickoff	5/3	N/A	\$19/\$29
	Teen Game Night	5/8	N/A	\$19/\$29
	Special Olympics Softball	5/8-7/24	N/A	\$52/\$78
	Mini Golf and Treats - May	5/9	Chillicothe/Morton/Washington	\$40/\$60
	Mini Golf and Treats - August	8/9	Chillicothe/Morton/Washington	\$40/\$60
	Puzzles and Pastries - May	5/10	N/A	\$19/\$29
	Puzzles and Pastries - June	6/14	N/A	\$19/\$29
	Puzzles and Pastries - July	7/19	N/A	\$19/\$29
	Puzzles and Pastries - August	8/23	N/A	\$19/\$29
	Special Olympics Bowling	5/12-7/14	N/A	\$67/\$101
	Special Olympics Golf Skills	5/14-7/30	N/A	\$104/\$156
	Special Olympics Golf	5/14-7/30	N/A	\$104/\$156
	HISRA Hangouts - Tropical Luau	5/16	N/A	\$28/\$42
	HISRA Hangouts - Outdoor Movie Night	6/28	N/A	\$28/\$42
	HISRA Hangouts - Backyard BBQ	7/26	N/A	\$28/\$42
	HISRA Hangouts - Sundae Funday	8/22	N/A	\$28/\$42
	Peoria City Soccer Outing	6/7	Chillicothe/Morton/Washington	\$46/\$69
	Peoria City Soccer Outing	7/12	Chillicothe/Morton/Washington	\$46/\$69
	Special Olympics Bocce Ball	7/6-9/28	N/A	\$52/\$78
	Special Olympics Flag Football	7/9-10/29	N/A	\$52/\$78
	Burgers and Bags	8/1	N/A	\$40/\$60
	Picnic in the Park	8/2	Chillicothe/Morton/Washington	\$40/\$60
	Summer Luau Dance	8/8	Chillicothe/Morton/Washington	\$19/\$29
	Youth Backyard BBQ	8/9	N/A	\$30/\$45
	Adult Game Night	8/14	N/A	\$19/\$29
	Waffle Bar Brunch	8/16	N/A	\$40/\$60
		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 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?

FORM #1: HISRA 2025 ANNUAL INFORMATION FORM

Participant Name: _____

HISRA Pick Up Information

Helpful additional information for HISRA staff:

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

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 ____/____/____

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): MPPD 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


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