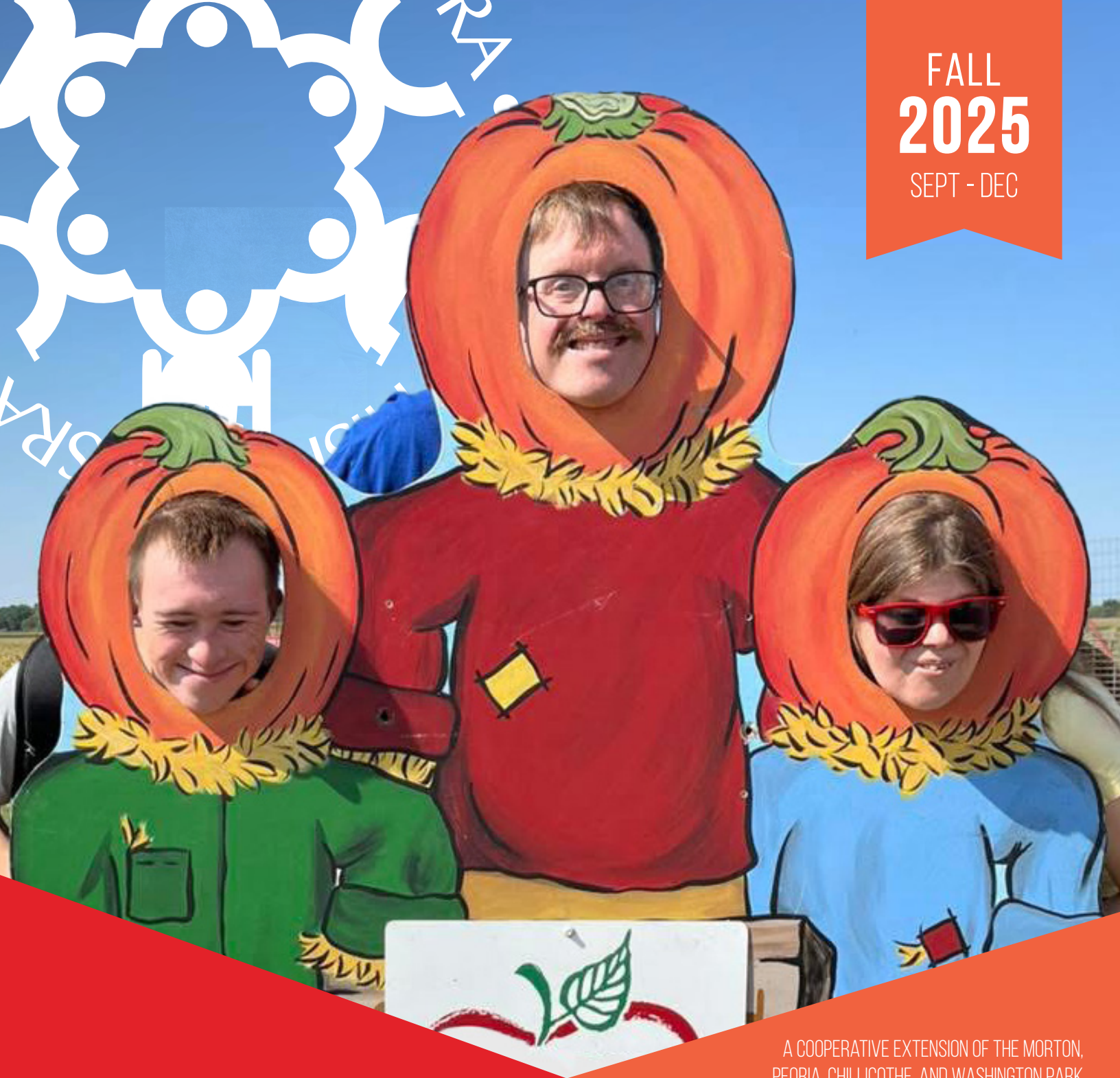


FALL
2025
SEPT - DEC



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

Dear Families and Friends,

As the seasons begin to change and the crisp autumn air settles in, we are excited to welcome you to another season of fun, growth, and connection with the Heart of Illinois Special Recreation Association!

Our Fall 2025 Programs are designed to provide enriching and inclusive opportunities for individuals of all abilities to engage, explore, and thrive. From youth hangouts and team sports to social clubs and community outings, we've built a diverse lineup that reflects our mission to enhance the quality of life through meaningful recreational experiences.

Whether you're joining us for the first time or returning for another season, we are committed to creating a safe and supportive environment where every participant feels valued and empowered. This fall, you'll find programs tailored to most age groups and interests — including some exciting seasonal offerings we can't wait for you to discover!

Please take a moment to browse our fall program brochure, which includes detailed descriptions, dates, and registration information. You can also visit our website at www.hisra.org or contact our team with any questions. Our staff is here to help you find the perfect fit.

Thank you for being part of the HISRA family. We look forward to a season filled with laughter, learning, and lifelong memories.

Warm Wishes,
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

Email info@hisra.org

Volunteering, coaching, job openings, FOCUS, and any other questions or concerns.

PRIORITY REGISTRATION BEGINS*:

August 5th, 2025

*A one-week priority registration period will be open on August 5th, 2025 for HISRA participants who are in-district households of Peoria, Chillicothe, Washington and Morton Park Districts. All out-of-district participants will have the opportunity to register for HISRA Fall program options beginning August 12th, 2025.

▶ open registration begins **AUGUST 12th, 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.

FOCUS PROGRAM

FOCUS helps adult participants maximize independence by teaching essential life skills in a recreational setting. Activities include cooking, fitness, art, volunteering, music therapy, and vocational training. The program focuses on increasing independence, community integration, and lifelong wellness, with tailored activities that develop motor skills, communication, cognition, social skills, and emotional control. Staff engage with participants to understand their interests and needs, ensuring activities are both challenging and achievable. For more information on FOCUS please visit our website at www.hisra.org.



LEND A HAND

HISRA would  your help!

Volunteer with HISRA

Make a difference in the lives of individuals with disabilities by volunteering with HISRA! Whether you're helping at special events, supporting recreational programs, or lending a hand at our Special Olympics training programs, your time and energy create a lasting impact. Join us in building a more inclusive and joyful community—volunteers of all ages and abilities are welcome! Please scan the QR code to start your volunteer application.

BASKETBALL

| Dates | Days | Time | Location |
|--------------|------|--------------|-----------|
| 10/13 – 1/12 | M | 6:00 – 8:00P | Riverplex |

JUNIOR BASKETBALL

| Dates | Days | Time | Location |
|--------------|------|--------------|----------|
| 10/14 – 1/13 | Tu | 6:00 – 7:00P | HISRA |

STRIKERS

| Dates | Days | Time | Location |
|--------------|------|--------------|----------------|
| 9/10 – 10/29 | W | 4:15 – 5:45P | Landmark Lanes |

SENSORY SANTA

| Date | Day | Time | Location |
|-------|-----|----------------|----------|
| 12/13 | Sa | 11:00A – 2:00P | HISRA |



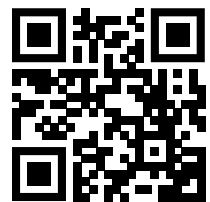
Interested in becoming a HISRA volunteer?
Please contact **Karen Rodgers** at krodgers@hisra.org
or scan the QR code to sign up online.



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.



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 hang out 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! As always, every hangout will include dinner, games, crafts, and a movie!



| Program | Dates | Day | Time | R/NR Fee | Class # |
|---------------------|-------|-----|------------|-----------|-------------|
| Trivia Night | 9/13 | Sa | 5:00-9:00P | \$28/\$42 | HFH52216-01 |
| Spooktacular Soiree | 10/3 | F | 5:00-9:00P | \$28/\$42 | HFH52216-02 |
| Fall Festivities | 11/15 | Sa | 5:00-9:00P | \$28/\$42 | HFH52216-03 |
| Holiday Traditions | 12/5 | F | 5:00-9:00P | \$28/\$42 | 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 # |
|------|-----|------------|-----------|-------------|
| 9/19 | Th | 5:00-9:00P | \$40/\$60 | HFH52203-01 |

CENTER BASED



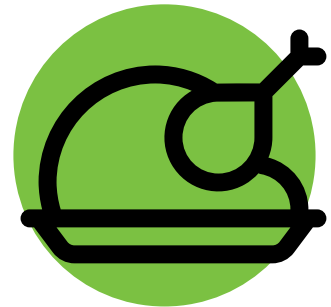
HISRA HALLOWEEN DANCE (AGES 15+)

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 # |
|-------|-----|------------|-----------|-------------|
| 10/25 | Sa | 7:00-9:00P | \$19/\$29 | 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 a feast that will include dinner, drinks, and dessert. After dinner, we will play games and watch a holiday movie!



| Date | Day | Time | R/NR Fee | Class # |
|-------|-----|------------|-----------|-------------|
| 11/21 | F | 6:00-9:00P | \$40/\$60 | 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 | Sa | 7:00-9:00P | \$19/\$29 | HFH52207-01 |

CENTER BASED

ADULT GAME NIGHT [15+]

It's time for a weeknight game night! We will play board games and card games while catching up with friends! Snacks will be provided, but please eat dinner before the program.



| Dates | Day | Time | ID/OD Fee | Class # |
|-------|-----|------------|-----------|-------------|
| 10/9 | Th | 5:00-7:00P | \$19/\$29 | HFH52201-01 |



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 # |
|-------|-----|------------|-----------|-------------|
| 10/11 | Sa | 6:00-9:00P | \$40/\$60 | HFH52220-01 |

ADULT MAKER'S NIGHT [AGES 15+]

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 # |
|------|-----|------------|-----------|-------------|
| 12/4 | Th | 5:00-7:00P | \$19/\$29 | HFH52502-01 |

CENTER BASED



ADULT TRIVIA NIGHT (AGES 15+)

Test your knowledge and bring your A-game for a night of laughs, friendly competition, and fun facts! Participants will be placed on teams upon arrival and will enjoy multiple rounds of trivia on everything from pop culture to history. The top team will take home exciting prizes! Snacks will be provided, but please be sure to plan to eat dinner before or after the program.

| Date | Day | Time | R/NR Fee | Class # |
|------|-----|------------|-----------|-------------|
| 9/18 | Th | 5:00-7:00P | \$19/\$29 | HFH52219-01 |

PIE TASTING (AGES 15+)

Come and enjoy a fun evening of pie sampling, voting, and community! Try a variety of sweet and savory pies, rate your favorites, and help crown the winning slice. While there will be plenty of pie for everyone, please plan to eat dinner before or after the program.



| Date | Day | Time | R/NR Fee | Class # |
|-------|-----|------------|-----------|-------------|
| 11/13 | Th | 5:00-7:00P | \$19/\$29 | HFH52202-01 |



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.

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 | ID/OOD Fee | Class # |
|------|-----|------------|------------|-------------|
| 9/12 | F | 6:00-9:00P | \$40/\$60 | HFH54210-01 |



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 # |
|-------|-----|--------------|-----------|-------------|
| 10/18 | Sa | 10:00A-1:00P | \$40/\$60 | HFH54217-01 |

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! All participants will meet staff at the bowling alley at the start of the program. Please note that we will not be meeting at HISRA, and instead will be meeting directly at the designated bowling alley.



| Dates | Day | Time | Location | R/NR Fee | Class # |
|-------|-----|------------|----------------|-----------|-------------|
| 9/27 | Sa | 6:00-9:00P | Landmark Lanes | \$42/\$63 | HFH54202-01 |
| 10/24 | F | 6:00-9:00P | Landmark Lanes | \$42/\$63 | HFH54202-02 |
| 11/7 | F | 6:00-9:00P | Landmark Lanes | \$42/\$63 | HFH54202-03 |
| 12/12 | F | 6:00-9:00P | Landmark Lanes | \$42/\$63 | HFH54202-04 |



ORCHARD OUTING (AGES 19+)

It's apple picking time! Come join us on the orchard outing as we explore all a local 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.

| Date | Day | Time | Location | R/NR Fee | Class # |
|------|-----|--------------|----------|-----------|-------------|
| 9/20 | Sa | 10:00A-1:00P | HISRA | \$40/\$60 | HFH54216-01 |

COMMUNITY BASED

MUSIC AT BLUE RIDGE COMMUNITY FARM [AGES 19+]

We will be joining our friends from Blue Ridge Community Farm to enjoy live music on the hill! We will pack a cooler of drinks and take a variety of snacks to munch on while we listen to music. Various vendor booths are available. Participants should plan to bring their own money if they wish to make purchases.



| Date | Day | Time | ID/OOD Fee | Class# |
|-------|-----|------------|------------|-------------|
| 9/21 | Su | 1:00-5:30P | \$40/\$60 | HFH54203-01 |
| 10/12 | Su | 1:00-5:30P | \$40/\$60 | HFH54203-02 |



SHOP AND STROLL AT FOREST PARK NATURE CENTER [AGES 19+]

Bundle up and join your friends on a festive and peaceful walk through Forest Park Nature Center's glowing trails during their Shop and Stroll event! After, we will enjoy hot cocoa and live music as we explore and shop the nature art show!

| Date | Day | Time | R/NR Fee | Class # |
|-------|-----|------------|-----------|-------------|
| 12/19 | F | 5:30-9:00P | \$28/\$42 | HFH54205-01 |



· UPCOMING PROGRAMS ·

YOUTH PROGRAMS

YOUTH ACTIVITY HUB (AGES 5-16)

Join your HISRA friends for a fun filled time with great food and themed activities. This is the perfect chance to relax, hang out with friends and enjoy the fun! Siblings and friends are encouraged to attend together.



| Program | Dates | Day | Time | R/NR Fee | Class # |
|------------------|-------|-----|--------------|-----------|-------------|
| Backyard Cookout | 9/13 | Sa | 11:00A-2:00P | \$30/\$45 | HFH52218-01 |
| Game Night | 10/3 | F | 5:00-8:00P | \$30/\$45 | HFH52218-03 |
| Harvest Party | 11/15 | Sa | 11:00A-2:00P | \$30/\$45 | HFH52218-02 |
| Maker Day | 12/5 | Sa | 11:00A-2:00P | \$30/\$45 | HFH52218-04 |

· UPCOMING PROGRAMS ·

SPECIAL EVENT



SENSORY SANTA (ALL AGES)

All are welcome to come see Santa in a sensory friendly environment! JG Photography will be on hand taking free professional photos, but guests will be able to use their own device or camera to take pictures as well. 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 cash or check donation 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.



| Dates | Day | Time | R/NR Fee | Location | Class # |
|-------|-----|--------------|----------|----------|-------------|
| 12/13 | Sa | 11:00A-2:00P | FREE | HISRA | HFH52102-01 |

Special events are open to HISRA participants' families and friends. HISRA staff will be on hand working the event but not supervising participants. Please come and enjoy the event with us!

ATHLETIC PROGRAMS



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 4:15 PM and pickup will be at 5:45, or after we complete 2 games.

| Dates | Day | Time | R/NR Fee | Location | Class # |
|------------|-----|------------|------------|----------------|-------------|
| 9/10-10/29 | W | 4:15-5:45P | \$96/\$144 | Landmark Lanes | HFH54207-01 |

SPECIAL OLYMPICS BASKETBALL (AGES 15+)

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 to prepare for competition. The first session, October 13th, is a mandatory team meeting at the HISRA building for all athletes and guardians. Practices will take place at the RiverPlex on Monday nights starting on October 20th. Team placements, specific practice times, and game schedules will be determined after the first practice at the Riverplex. Upon advancement to the state tournament, athletes will receive an updated practice schedule in TeamSnap. All information will be distributed via TeamSnap.



| Dates | Day | Time | Location | R/NR Fee | Class # |
|-------|-----|------------|-----------|-----------|-------------|
| 10/13 | M | 6:00-8:00P | Riverplex | \$62/\$93 | HFH56501-01 |

Mandatory Meeting: 6:00pm, 10/13 at HISRA

All forms due: 10/13/25



ATHLETIC PROGRAMS



HISRA JUNIOR BASKETBALL (AGES 8-14)

HISRA's Junior Basketball team will practice the fundamentals of the game and learn the rules of the court at the HISRA gym. Before going to the regional competition, athletes will participate in a Skills Showcase during the HISRA Basketball Game Day! The first session, October 14th, is a mandatory team meeting at the HISRA building for all athletes and guardians! Practices will take place at the HISRA gym on Tuesday nights starting on October 21st. Upon advancement to the state tournament, athletes will receive an updated practice schedule in Team Snap. All information will be distributed via Team Snap.

| Dates | Day | Time | Location | R/NR Fee | Class # |
|-------|-----|------------|----------|-----------|-------------|
| 10/14 | Tu | 6:00-7:00P | HISRA | \$62/\$93 | HFH52217-01 |

Mandatory Meeting: 6:00pm, 10/14 at HISRA

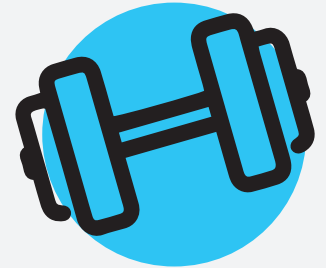
All forms due: 10/14/25



ATHLETIC PROGRAMS

SPECIAL OLYMPICS PRE-SEASON TRAINING (AGES 8+)

Join us for a supportive and energizing 4-week pre-season training program! This program will help athletes of all abilities get ready for their upcoming sports seasons with fun, structured workouts that focus on fitness, movement, and teamwork. Each session will be led by enthusiastic coaches and volunteers who will create a safe, encouraging environment where every athlete can grow, improve, and feel proud of what they accomplish.



| Dates | Day | Time | Location | R/NR Fee | Class # |
|-----------|-----|------------|----------|-----------|-------------|
| 9/15-10/6 | M | 6:00-7:00P | HISRA | \$19/\$29 | HFH56506-01 |

SAVE THE DATE!

HISRA's Annual Special Olympics Banquet will be held on Thursday, September 25th! We are excited to announce that this year's banquet will be held at the Peoria Zoo's Zambezi Lodge! We can't wait to see all of our athletes, coaches, and volunteers soon to celebrate this year's achievements.

IMPORTANT SPECIAL OLYMPICS INFORMATION

All participants need the following forms on file prior to the start of Special Olympics practices.

- Annual Information form-this is a HISRA form that must be completed annually
- SO Athlete Registration form-****THIS IS A NEW SO FORM AND MUST BE COMPLETED ANNUALLY.** It takes the place of the Med App.

TEAMSNAPE

HISRA uses TeamSnap to communicate all things related to Special Olympics teams and sports. Once the registration deadline passes HISRA staff will add your email to our TeamSnap. Watch your email for the invitation!

TEAM SPORTS

For team sports HISRA will host a skill evaluation to determine team placement. Team Snap invitations will be sent out once team placement as well as finalized schedules.

For events impacted by inclement weather, HISRA staff will check the weather each day and will make a determination on if practice will go ahead by 2:00 - 3:00pm. Changes will be communicated through TeamSnap for the team/ sport.

REGISTRATION POLICIES & PROCEDURES

REGISTRATION GUIDELINES

On Tuesday, 8/5/25, HISRA will begin taking registrations for Fall 2025 programs at 8:30am, both online and in-person, at our offices. Please note that any registrations for Fall programs received prior to 8/5/25 will be placed, unopened, in a folder in our front office. On 8/5/25, 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 8/5/25 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-serve 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 circle 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

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 Athlete Registration Form 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. This should be submitted using HISRA's cancellation request form.
- 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 |
|---|--|------------|-------------------------------|--------------|
| | HISRA Hangout – Trivia Night | 9/13 | N/A | \$28/\$42 |
| | HISRA Hangout – Spooktacular Soiree | 10/3 | N/A | \$28/\$42 |
| | HISRA Hangout – Fall Festivities | 11/15 | N/A | \$28/\$42 |
| | HISRA Hangout – Holiday Traditions | 12/5 | N/A | \$28/\$42 |
| | Burgers and Bags | 9/19 | N/A | \$40/\$60 |
| | HISRA Halloween Dance | 10/25 | Chillicothe/Morton/Washington | \$19/\$29 |
| | Friendsgiving | 11/21 | Chillicothe/Morton/Washington | \$40/\$60 |
| | Holiday Dance | 12/13 | Chillicothe/Morton/Washington | \$19/\$29 |
| | Adult Game Night | 10/9 | N/A | \$19/\$29 |
| | Pasta-Palooza | 10/11 | N/A | \$40/\$60 |
| | Adult Maker’s Night | 12/4 | N/A | \$19/\$29 |
| | Adult Trivia Night | 9/18 | N/A | \$19/\$29 |
| | Pie Tasting | 11/13 | N/A | \$19/\$29 |
| | Mini Golf & Treats | 9/12 | Chillicothe/Morton/Washington | \$40/\$60 |
| | Pumpkin Patch Picking | 10/18 | Chillicothe/Morton/Washington | \$40/\$60 |
| | Pizza & Bowling | 9/27 | N/A | \$42/\$63 |
| | Pizza & Bowling | 10/24 | N/A | \$42/\$63 |
| | Pizza & Bowling | 11/7 | N/A | \$42/\$63 |
| | Pizza & Bowling | 12/12 | N/A | \$42/\$63 |
| | Orchard Outing | 9/20 | Chillicothe/Morton/Washington | \$40/\$60 |
| | Music at Blue Ridge Community Farm | 9/21 | Chillicothe/Morton/Washington | \$40/\$60 |
| | Music at Blue Ridge Community Farm | 10/12 | Chillicothe/Morton/Washington | \$40/\$60 |
| | Shop and Stroll at Forest Park Nature Center | 12/19 | N/A | \$28/\$42 |
| | Youth Activity Hub – Backyard Cookout | 9/13 | N/A | \$30/\$45 |
| | Youth Activity Hub – Game Night | 10/3 | N/A | \$30/\$45 |
| | Youth Activity Hub – Harvest Party | 11/15 | N/A | \$30/\$45 |
| | Youth Activity Hub – Maker Day | 12/5 | N/A | \$30/\$45 |
| | Sensory Santa | 12/13 | N/A | FREE |
| | Strikers | 9/10-10/29 | N/A | \$96/\$144 |
| | Special Olympics Basketball | 10/13 | N/A | \$62/\$93 |
| | HISRA Junior Basketball | 10/14 | N/A | \$62/\$93 |
| | Special Olympics Pre-Season Training | 9/15-10/6 | N/A | \$19/\$29 |
| | 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.

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?

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): 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 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





Heart of Illinois Special Recreation Association
8727 Pioneer Road
Peoria, IL 61615

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