WINTER/SPRING
2026
JAN - APR

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,

With the fresh beginnings of a new year, we are excited to welcome you to another season of fun, growth, and connection with the Heart of Illinois Special Recreation Association!

Our Winter/Spring 2026 Programs are designed to provide enriching and inclusive opportunities for individuals of all abilities to engage, explore, and thrive. From youth events and team sports to social programs 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 winter/spring, 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 spring 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

The office will be closed 12/24/25 - 1/1/26 for the holidays.

Email info@hisra.org
Volunteering, coaching, job openings, FOCUS, and any other questions or concerns.

PRIORITY REGISTRATION BEGINS*:

December 9th, 2025

*A one-week priority registration period will be open on December 9th, 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 Winter/ Spring program options beginning December 16th, 2025.

open registration begins DECEMBER 16, 2025

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.

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 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.

YOUNG ATHLETES

Dates	Days	Time	Location
3/10 – 4/28	T	5:00 – 6:00P	HISRA

STRIKERS

Dates	Days	Time	Location
3/2 – 4/20	M	4:00 – 5:30P	Mt. Hawley Bowl

SPECIAL OLYMPICS AQUATICS

Dates	Days	Time	Location
1/25 – 3/29	S	2:45 – 4:45P	Clubs at River City

SPECIAL OLYMPICS TRACK AND FIELD

Date	Day	Time	Location
2/16 – 4/6	M	6:00 – 7:30P	Notre Dame High School

DARTS AND BAGS

Date	Day	Time	Location
1/7 – 2/25	W	6:00 – 7:00P	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?

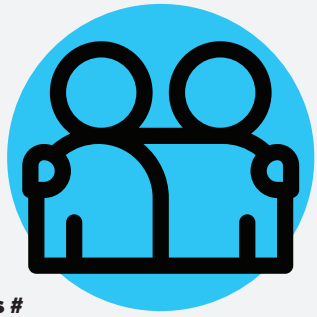
If you've been blessed with the ability to make a monetary donation, our organization would be so grateful to receive it! All funds work directly to support the quality programs and activities HISRA provides.

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.

HISRA HANGOUTS (AGES 17+)



Looking for a fun night out of the house? Come hang out with your HISRA friends! Each Hangout program will include dinner, games, crafts, and a movie. Each month will be focused on a theme; snow and s'mores, super sports, rainbow refresh, and garden party.

Program	Dates	Day	Time	In/Out of Dist Fee	Class #
Snow & S'mores	1/23	F	5:00-9:00P	$30/$45	HWH52207-01
Super Sports	2/21	Sa	5:00-9:00P	$30/$45	HWH52207-02
Rainbow Refresh	3/27	F	5:00-9:00P	$30/$45	HWH52207-03
Garden Party	4/11	Sa	5:00-9:00P	$30/$45	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 #
1/17	Sa	5:00-9:00P	$42/$63	HWH52220-01

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

Dia daoibh, a chairde! 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 #
3/13	F	7:00-9:00P	$20/$30	HWH52203-01

CENTER BASED

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/Out of Dist Fee	Class #
2/27	F	5:00–9:00P	$42/$63	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/Out of Dist Fee	Class #
2/12	Th	5:00–7:00P	$20/$30	HWH52223-01

HISRA BREAKOUT ROOM (AGES 17+)

Do you have what it takes to break out? We will work together to solve puzzles, search for clues, and unlock challenges through a fun, escape room style, set of stations!

Dates	Day	Time	In/Out of Dist Fee	Class #
4/16	Th	5:00–7:00P	$20/$30	HWH52204-01

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 #
2/20	F	6:00–9:00P	$25/$38	HWH52251-01

CENTER BASED

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 #
3/20	F	5:00-9:00P	$42/$63	HWH52254-01

COCOA AND CRAFTS (AGES 15+)

Warm up with a full hot cocoa bar and crafts with friends!

Date	Day	Time	In/Out of Dist Fee	Class #
1/15	Th	5:00-7:00P	$20/$30	HWH52205-01

LUCK OF THE IRISH SNACK NIGHT (AGES 15+)

Join in on the festive fun as we watch Disney's "Luck of the Irish", and enjoy themed snacks and popcorn.

Date	Day	Time	In/Out of Dist Fee	Class #
3/6	F	6:00-9:00P	$25/$38	HWH52218-01

HISRA KARAOKE NIGHT (AGES 15+)

It's time to pick out your favorite song! We are transforming HISRA into a karaoke lounge! Take a turn on the mic, or sit back and enjoy listening with your friends. It's going to be a great night with great music!

Date	Day	Time	In/Out of Dist Fee	Class #
3/19	Th	5:00-7:00P	$20/$30	HWH52248-01

WING NIGHT (AGES 17+)

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

Date	Day	Time	In/Out of Dist Fee	Class #
4/10	F	6:00-9:00P	$42/$63	HWH54203-01

YOUTH BASED

YOUTH VALENTINE'S DAY PARTY (AGES 5-16)

Let's celebrate friendship together! Participants will enjoy friendship themed games, crafts, and snacks.

Date	Day	Time	In/Out of Dist Fee	Class #
2/7	Sa	1:00-3:00P	$20/$30	HWH52253-01

YOUTH BUNNY BASH (AGES 5-16)

Join your HISRA friends for a cheerful spring celebration full of bunny games, crafts, treats, and an exciting egg hunt!

Date	Day	Time	In/Out of Dist Fee	Class #
3/28	Sa	1:00-3:00P	$20/$30	HWH52253-02

YOUTH 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 in the summer.

Date	Day	Time	In/Out of Dist Fee	Class #
3/10-4/28	Tu	5:00-6:00P	$20/$30	HWH56101-01

MORE YOUTH OPPORTUNITIES IN ATHLETICS!

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.

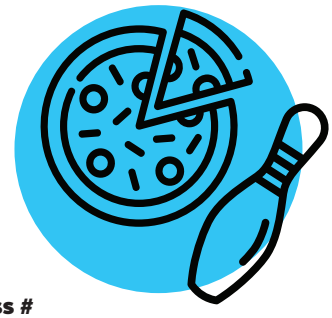
In addition, HISRA cannot control the environmental factors such as loud noise, smells, flashing lights, etc in community based programming. Please explore or get in touch with a new facility prior to attending to ensure your participant's success in a particular facility or program.

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 and does not allow purses or backpacks into the game.

Dates	Day	Time	In/Out of Dist Fee	Class #
1/16	F	5:30-10:30P	$48/$72	HWH54202-01
3/29	Su	1:30-6:30P	$48/$72	HWH54202-02
4/4	Sa	5:30-10:30P	$48/$72	HWH54202-03

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. Don't forget, all participants will meet at the bowling alley. Due to lane availability, these programs may be held in any member district.

Dates	Day	Time	In/Out of Dist Fee	Location	Class #
1/10	Sa	6:00-9:00P	$44/$66	TBD	HWH54208-01
2/6	F	6:00-9:00P	$44/$66	TBD	HWH54208-02
3/7	Sa	6:00-9:00P	$44/$66	TBD	HWH54208-03
4/3	F	6:00-9:00P	$44/$66	TBD	HWH54208-04

COMMUNITY BASED

POTTERY & TREATS (AGES 19+)

Join us as we paint pottery at a local art studio and enjoy some sweet treats! Please know that pottery pieces will not be available to take home the same day. Participants will be called to pick up their masterpieces from the HISRA office once they are finished.

Date	Day	Time	In/Out of Dist Fee	Class #
3/21	Sa	12:00-3:00P	$48/$72	HWH54211-01

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	Class #
4/18	Sa	2:00-5:00P	$48/$72	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	Class #
3/14	Sa	11:00A-2:00P	$48/$72	HWH54204-01

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	Class #
4/25	Sa	11:00A-3:00P	$42/$63	HWH54212-01

ATHLETIC PROGRAMS

DANCE (AGES 12+)

Get ready to move, groove, and explore the world of dance! In this energetic and inclusive program, participants will learn choreography and techniques from jazz and ballet, giving dancers the opportunity to build coordination, rhythm, and expression while discovering their personal style. Whether you're a beginner or have dance experience, stay active, and have fun while connecting with others through the universal language of movement.

Dates	Day	Time	In/Out of Dist Fee	Location	Class #
1/18–3/8	Su	3:00–4:00P	$27/$41	Lakeview Rec Center	HWH52219–01

DARTS AND BAGS (AGES 16+)

Bags, Cornhole, Tailgate Toss... Whatever you call it – it is taking the nation by storm. Spend the evening learning the skills needed to compete and have fun playing with your friends. Also develop your skills in the art of throwing darts. It is a fun skill and a lifelong activity of fun and competition. This program will include 4 weeks of darts and 4 weeks of bags.

Dates	Day	Time	In/Out of Dist Fee	Class #
1/7–2/25	W	6:00–7:00P	$27/$41	HWH52238–01

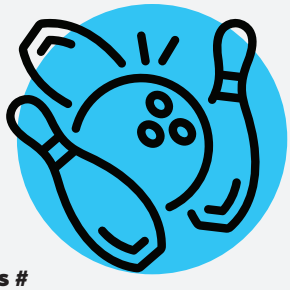
SPECIAL OLYMPICS AQUATICS (AGES 8+)

Splash into this season's 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. 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. Based on enrollment and event selections, specific practice times may be changed after the first practice. The regional tournament will held on a date to be determined.

Dates	Day	Time	In/Out of Dist Fee	Location	Class #
1/25–3/29	Su	2:45–4:45	$81/$122	The Clubs at River City	HWH56501–01

ATHLETIC PROGRAMS

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 Mt. Hawley Bowl after we complete two games.

Dates	Day	Time	In/Out of Dist Fee	Location	Class #
3/2-4/20	M	4:00-5:30P	$105/$158	Mt. Hawley Bowl	HWH54205-01

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. Practice will continue for those who place within the qualifying event at regionals 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 #
2/16-3/30	M	6:00-7:30P	$54/$81	Peoria Notre Dame	HWH56502-01

IMPORTANT SPECIAL OLYMPICS INFORMATION

A mandatory team meeting will be held on the first date of each season at HISRA.
All participants need the following prior to the start of special Olympics practices.

- Annual information form–this is a HISRA form that must be completed annually
- Special Olympics Center of Excellence Registration – this is a Special Olympics requirement.

TEAMSNAP

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 is finalized.

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 PROCESS

On **Tuesday, 12/9/25**, HISRA will begin taking registrations from In-District households for Winter/Spring 2026 programs at 8:30am, both online and in-person, at our offices. All Out-of-District households may register for HISRA programs on or after 12/16/2025 at 8:30am. Please note that any registrations for programs received prior to 12/9/25 will be placed, unopened, in a folder in our front office. On 12/9/25, 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 12/9/25 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. 2026 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 out-of-district 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 – 4:00pm. 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

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 Special Olympics Center of Excellence registration 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:

LEGAL GUARDIAN PHONE:

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

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
	St. Patrick's Day Dance	3/13	Chillicothe/Morton/Washington	$20/$30
	HISRA Breakout Room	4/16	N/A	$20/$30
	HISRA Hangouts – Snow & S'mores	1/23	N/A	$30/$45
	HISRA Hangouts – Super Sports	2/21	N/A	$30/$45
	HISRA Hangouts – Rainbow Refresh	3/27	N/A	$30/$45
	HISRA Hangouts – Garden Party	4/11	N/A	$30/$45
	Luck of the Irish Snack Night	3/6	N/A	$25/$38
	Soup and Sweaters	1/17	N/A	$42/$63
	HISRA Pizza Party	2/12	N/A	$42/$63
	Valentine's Day Baking Night	2/12	N/A	$20/$30
	HISRA Karaoke Night	3/19	N/A	$20/$30
	Popcorn & Movie Night	2/20	N/A	$25/$38
	Baked Potato Bar	3/20	N/A	$42/$63
	Wing Night	4/10	N/A	$42/$63
	Youth Valentine's Day Party	2/7	N/A	$20/$30
	Youth Bunny Bash	3/28	N/A	$20/$30
	Young Athletes	3/10–4/28	N/A	$20/$30
	Rivermen Hat Trick	1/16	Chillicothe/Morton/Washington	$48/$72
	Rivermen Hat Trick	3/29	Chillicothe/Morton/Washington	$48/$72
	Rivermen Hat Trick	4/4	Chillicothe/Morton/Washington	$48/$72
	Brunch With Your Buddies	3/14	Chillicothe/Morton/Washington	$48/$72
	Pizza & Bowling	1/10	N/A	$44/$66
	Pizza & Bowling	2/6	N/A	$44/$66
	Pizza & Bowling	3/7	N/A	$44/$66
	Pizza & Bowling	4/3	N/A	$44/$66
	Pottery and Treats	3/21	Chillicothe/Morton/Washington	$48/$72
	Picnic in the Park	4/25	Chillicothe/Morton/Washington	$42/$63
	Candle Pouring Outing	4/18	Chillicothe/Morton/Washington	$48/$72
	Dance	1/18–3/8	N/A	$27/$41
	Darts and Bags	1/7–2/25	N/A	$27/$41
	Strikers	3/2–4/20	N/A	$105/$158
	Special Olympics Aquatics	1/25–3/29	N/A	$81/$122
	Special Olympics Track & Field	2/16–3/30	N/A	$54/$81
		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 2026 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
	☐ Ingested ☐ Contact ☐ Inhaled	
	☐ Ingested ☐ Contact ☐ Inhaled	
	☐ Ingested ☐ Contact ☐ 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 2026 ANNUAL INFORMATION FORM

Participant Name: _____

Support System

Is participant own guardian?

☐ Self

☐ Other:

Name: _____

Relation: _____

Phone: _____

Email: _____

In the event of program change and/or emergency who should we contact?

☐ Participant

☐ Guardian

Name: _____

Alternate Emergency Contact – must be DIFFERENT than above:

Name: _____

Cell #: _____

Participant Lives:

Address: _____

City/State/Zip:_____

Home Phone #: _____

☐ With parent(s)/family

☐ In a group home

Group Home Name: _____

Manager: _____

Phone: _____

☐ Other: _____

☐ Independently

HISRA Pick Up Information

☐ Independently comes/goes from program

☐ Release to group home staff

☐ Will travel via 3rd party transportation

Agency: _____

☐ Others (include yourself and family members):

1) _____

2) _____

Uniform Sizes: (sizes are youth or adult unisex):

Shirt size (circle): S M L XL 2X 3X 4X

Short size(circle): S M L XL 2X 3X 4X

Swimming

☐ Needs full assistance while swimming

☐ Has some swimming skills

☐ Can swim independently

Who filled out this form?

Name: _____

Date: _____/_____/_____

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

Participant Transfer:

- Supervision: one staff present, no contact necessary
- Gait belt required
- Staff Assistance: one staff, no lifting assistance
- One Staff Transfer: lifting more than 30lbs., gait belt required
- Two Staff Transfer (Circle): weight bearing with gait belt, lift non-weight bearing, side lift non weight bearing
- More Than Two Staff: Identify specifics on Form #3
- Swimming Pool Transfer: Identify specifics on Form #3

THIS MUST BE SUBMITTED WITH THE PARTICIPANT REGISTRATION FORM

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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:

_____

_____

_____

_____

_____

_____

_____

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


HISRA
HISRA Special Olympics
TRACK & FIELD

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