

SUMMER  
2026  
MAY - 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 HISRA Families and Friends,

Welcome to another exciting summer with the Heart of Illinois Special Recreation Association (HISRA)! Whether you are joining us for the very first time or returning as a familiar face, we are so glad you're here. Our summer programs are designed to bring people together, build confidence, and create meaningful experiences in a supportive and welcoming environment. To our returning participants and families—thank you for being such an important part of the HISRA community. To our new families—we can't wait to get to know you and help you feel right at home.

HISRA is proud to offer inclusive recreation opportunities that meet participants where they are. Our inclusion services are available to support individuals in park district programs and HISRA-led activities, ensuring everyone has the opportunity to participate, succeed, and have fun. This summer, we're excited to continue beloved programs like Picnic in the Park, along with a variety of low-cost social events that encourage friendships, community connection, and memorable moments for participants of all ages.

At HISRA, we believe recreation is more than just activities—it's about belonging. We look forward to sharing another summer full of laughter, growth, and connection with you. Thank you for being part of our mission to enrich lives through recreation.

Warm regards,  
**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 May 25-29, 2026 for Memorial Day and Annual Staff Training.

#### Reach out for more information on

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

### PRIORITY REGISTRATION BEGINS\*:

April 7th, 2026

\*A one-week priority registration period will be open 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 Summer program options beginning with Open Registration.

▶ open registration begins **APRIL 14<sup>th</sup>, 2026**

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.

# 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!

### UNPLUG AT HISRA FAMILY DAY

Dates	Days	Time	Location
7/11	Sat	11:00A – 2:00P	HISRA

### GOLF \*Come be a Unified Partner!

Dates	Days	Time	Location
5/13 – 7/29	W	5:45 – 7:00P	Kellogg Golf Course

### GOLF SKILLS

Dates	Days	Time	Location
5/13 – 7/29	W	4:45 – 5:30P	Golf Learning Center

### STRIKERS

Date	Day	Time	Location
6/8 – 7/27	M	4:00 – 5:30P	Mt. Hawley Bowl

### SPECIAL OLYMPICS BOWLING

Dates	Days	Time	Location
8/17-10/12	M	4:00 – 5:30P	Mt. Hawley Bowl

### SPECIAL OLYMPICS FLAG FOOTBALL

Dates	Days	Time	Location
7/7 – 9/27	Tues	5:00 – 7:00P	HISRA

### SPECIAL OLYMPICS BOCCE

Date	Day	Time	Location
8/2 – 9/27	Sun	3:00 – 4:30P	HISRA

### SPECIAL OLYMPICS SOFTBALL

Dates	Days	Time	Location
5/7 – 7/23	TH	6:00 – 8:00P	Bradley Park

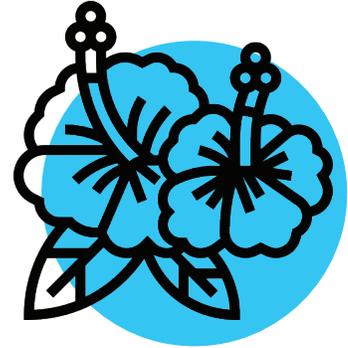
Interested in becoming a HISRA volunteer?  
Please contact at [info@hisra.org](mailto:info@hisra.org)



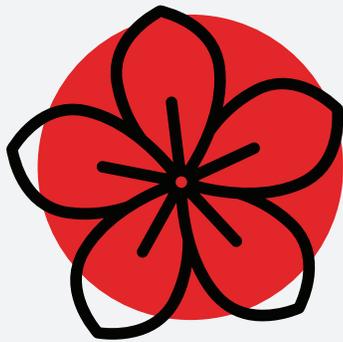
# CENTER BASED

## SUMMER LUAU DANCE (AGES 15+)

Light the tiki torches and get ready to celebrate 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
8/14	F	7:00-9:00P	\$20/\$30



## MAY DAY FLOWER BAR (AGES 17+)

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
4/30	Th	5:00-7:00P	\$20/\$30

## SUNDAES & SONGS (AGES 15+)

Join us for a fun, low-pressure evening of karaoke and a complete ice cream sundae bar! Participants will enjoy music, treats, and social connection in an encouraging environment—no singing experience required! Be sure to eat dinner prior to arriving at the program.



Date	Day	Time	In/Out of Dist Fee
7/31	F	6:00-9:00P	\$25/\$38

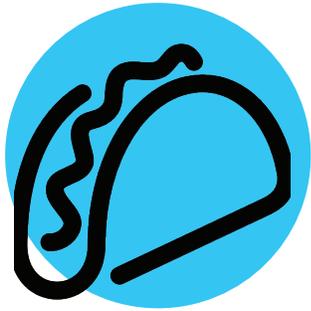
# CENTER BASED

## OUTDOOR MOVIE NIGHT [AGES 15+]

Come ready to relax with friends and enjoy a film in the fresh air! Popcorn, snacks, and drinks will be provided. Please be sure to eat dinner prior to arriving at the program.



Date	Day	Time	In/Out of Dist Fee
8/28	F	6:00-9:00P	\$25/\$38



## CINCO DE MAYO FIESTA [AGES 17+]

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
5/2	Sa	6:00-9:00P	\$42/\$63

## 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 Saturdays with friends, puzzles, and pastries!

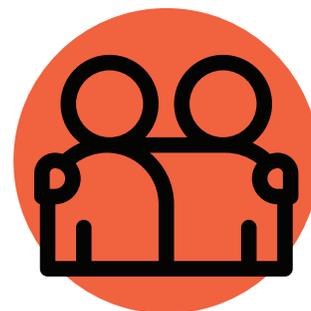
Date	Day	Time	In/Out of Dist Fee
5/2	Sa	9:00-11:00A	\$20/\$30
6/20	Sa	9:00-11:00A	\$20/\$30
7/18	Sa	9:00-11:00A	\$20/\$30
8/15	Sa	9:00-11:00A	\$20/\$30



# CENTER BASED

## 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.



Date	Day	Time	In/Out of Dist Fee	Program
5/8	F	5:00-9:00P	\$30/\$45	Game Show
6/6	Sa	5:00-9:00P	\$30/\$45	Carnival
7/18	Sa	5:00-9:00P	\$30/\$45	Beach Bash
8/7	F	5:00-9:00P	\$30/\$45	Summer BBQ



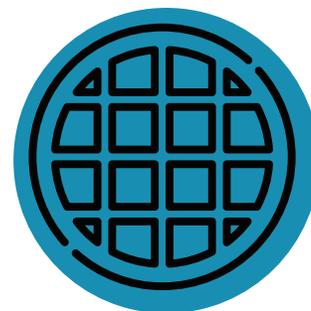
## ADULT GAME NIGHT (AGES 15+)

Join us for a fun-filled night of board games, video games, card games, and more! Prizes and snacks will be provided!

Date	Day	Time	In/Out of Dist Fee
8/13	Th	5:00-7:00P	\$20/\$30

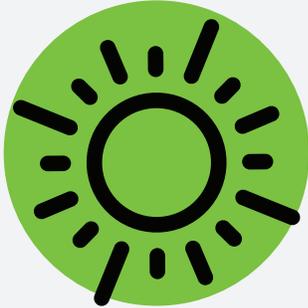
## WAFFLE BAR BRUNCH (AGES 17+)

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
8/1	Sa	11:00A-2:00P	\$42/\$63

# YOUTH PROGRAMS



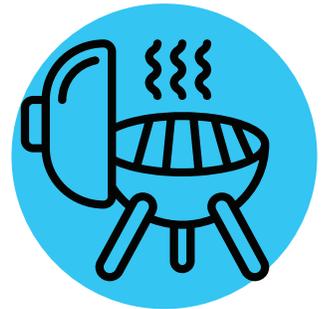
## YOUTH SUMMER KICK-OFF (AGES 5-16)

Let's kick off the summer season with our friends! Participants will enjoy playing yard games in the back yard, seasonal craft projects, and a snack. Please be sure to eat lunch prior to arriving at the program.

Date	Day	Time	In/Out of Dist Fee
5/9	Sa	1:00-3:00P	\$20/\$30

## 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
8/22	Sa	11:00A-2:00P	\$31/\$47



# COMMUNITY BASED



## MINI GOLF & TREATS (AGES 19+)

Nothing beats the summer heat 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
5/15	F	6:00-9:00P	\$48/\$72
8/8	Sa	6:00-9:00P	\$48/\$72

## PEORIA CHIEFS OUTING (AGES 19+)

HISRA's taking you out to the ball game this Summer! We're heading to the ball diamond to watch the game under the lights. Don't forget to eat before the game and bring money for stadium snacks. Please note that the venue is cashless.



Dates	Day	Time	In/Out of Dist Fee
5/9	Sa	5:30-9:30P	\$48/\$72
8/9	Su	1:00-5:00P	\$48/\$72

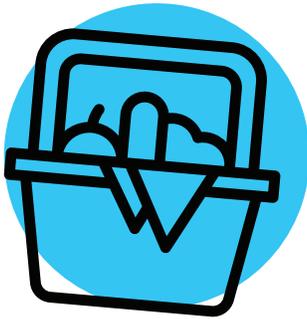


## PIZZA & BOWLING (AGES 19+)

Pizza and bowling - there is no better pair! We will be eating pizza together and then hitting the lanes for a few games! Due to the changing nature of bowling alley availability in the Peoria area, the locations for each program are currently undetermined. Participants will be notified of the bowling alley location 2 weeks prior to the program.

Date	Day	Time	In/Out of Dist Fee
5/1	F	6:00-9:00P	\$44/\$66
6/27	Sa	6:00-9:00P	\$44/\$66
7/11	Sa	6:00-9:00P	\$44/\$66
8/21	F	6:00-9:00P	\$44/\$66

# COMMUNITY BASED



## 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
8/29	Sa	11:00A-3:00P	\$42/\$63



# ATHLETIC PROGRAMS

## SPECIAL OLYMPICS GOLF (AGES 8+)

Whether you are an experienced golfer or are a beginner – there is a place for you in HISRA's Special Olympic 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 fairway. Skills athletes will have the opportunity to compete in the Special Olympics Individual Golf Skills Competition. Practice is held at the newly renovated Golf Learning Center. Please be ready on the green at the Golf Learning Center at 4:45 sharp, so that we can make the best use of our professional's time.

## SPECIAL OLYMPICS GOLF COURSE PLAY

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 to assess each golfer's current skill level. After the first practice golfers will pick 3 dates to get their scores in for competition. They will then be given an opportunity to play the course to prepare for Region and State competition.

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	Program
5/13-7/29	W	5:45-7:00P	\$108/\$162	Golf
5/13-7/29	W	4:45-5:30P	\$108/\$162	Golf Skills

### Location

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

### **Unified Partners**

Are you interested in participating with a Special Olympic golfer? **Please contact** [abarrington@hisra.org](mailto:abarrington@hisra.org) for more information.

# ATHLETIC PROGRAMS

## SPECIAL OLYMPICS SOFTBALL (AGES 14+)

Hey Batter, Batter! Those interested in softball will experience practice time with knowledgeable coaches and volunteers. We believe in the power of teamwork and friendship on the field. Practice will be held at Laura Bradley Park softball fields. All athletes will be expected to be at the first practice as we will divide our teams up based on experience and skill level. They will practice from 6:00–8:00 PM the first night. Subsequent practices will depend on which team the player is on either at 6:00 or at 7:00. If a team qualifies for State an additional fee will be assessed as they prepare for State.



### **New day of the week! Now on Thursdays!**

<b>Date</b>	<b>Day</b>	<b>Time</b>	<b>In/Out of Dist Fee</b>	<b>Location</b>
5/7-7/23	Th	6:00–8:00P	\$54/\$81	Laura Bradley Park

## 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.**

## 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 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.

# ATHLETIC PROGRAMS



## SPECIAL OLYMPICS BOWLING (AGES 8+)

Bowl a Strike with HISRA's competitive bowling team. Under the instruction of our coaches and volunteers we will prepare you to compete in Special Olympic competitions. The practices will be held on Mondays at Mt. Hawley Bowl from 4-5:30. Please note that we are adjusting the Special Olympics Bowling season to better prepare for the Regional and State competitions as SOILL has restructured and changed the bowling season.

<b>Dates</b>	<b>Day</b>	<b>Time</b>	<b>In/Out of Dist Fee</b>	<b>Location</b>
8/19-10/4	W	4:00-5:30P	\$109/\$164	Mt. Hawley Bowl

## SPECIAL OLYMPICS FLAG FOOTBALL (AGES 14+)

Are you Ready for some Football? We are ready for season 3 of one of our most popular sports. We are looking to field 2 teams this year if possible. We compete around Central Illinois before heading down south for our Regional Qualifier. Practices will be held at HIRA on Tuesday evenings. New athletes are always welcome.

<b>Dates</b>	<b>Day</b>	<b>Time</b>	<b>In/Out of Dist Fee</b>
7/7-9/22	Tu	5:00-7:00P	\$54/\$81



# ATHLETIC PROGRAMS



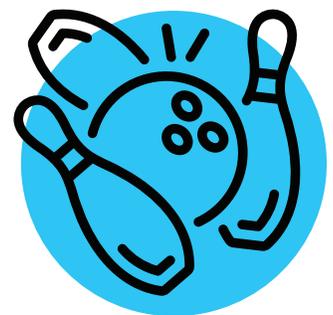
## SPECIAL OLYMPICS BOCCE BALL (AGES 8+)

Bocce is for everyone! Come be a part of the HISRA Bocce team. We compete as singles, Doubles, and Unified Pairs. We will practice at HISRA and compete at the SOILL Competition leading to the Fall Games. This sport is open to athletes of all athletic ability and skill level in Bocce.

Dates	Day	Time	In/Out of Dist Fee
8/2-9/20	Su	3:00-4:30P	\$54/\$81

## 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. We have moved Strikers to Summer as the competitive bowling season has changed due to SOILL restructuring.



Dates	Day	Time	In/Out of Dist Fee	Location
6/10-7/29	W	4:00-5:30P	\$109/\$164	Mt. Hawley Bowl



# SPECIAL EVENTS



## UNPLUG AT HISRA FAMILY DAY (ALL AGES)

It's time to unplug the chargers and turn off the devices! HISRA is hosting a free family day that will include indoor and outdoor games, craftivities, snacks and much, much more! Please know that due to the nature of special events, there will be no staff support to assist in providing any type of care

Date	Day	Time	In/Out of Dist Fee	Class #	Location
7/11	Sa	11:00A-2:00P	\$0/\$0	HSH56502-01	HISRA

## 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.

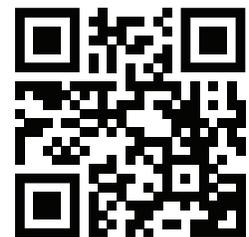
Any changes to MDT must be made at least two weeks prior to the program start date, by contacting the HISRA offices. HISRA cannot accommodate any transportation arrangements requested after the registration deadline for the program.



### Can you make a donation?

If you have 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 services that HISRA provides.

To make a donation, please visit: [www.hisra.org/donate](http://www.hisra.org/donate) or scan the QR code.





# REGISTRATION POLICIES & PROCEDURES

## REGISTRATION GUIDELINES

During the priority registration period, HISRA will begin taking registrations from In-District households for Summer 2026 programs at 8:30am, both online and in-person, at our offices. All Out-of-District households may register for HISRA programs once Open Registration begins. Please note that any registrations for programs received prior to each registration date will be placed, unopened, in a folder in our front office. On the appropriate registration date, 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 appropriate 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.

## 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 completely 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](http://www.hisra.org/forms).

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# REGISTRATION POLICIES & PROCEDURES

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## 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
	Summer Luau Dance	8/14	Chillicothe/Morton/Washington	\$20/\$30
	May Day Flower Bar	4/30	N/A	\$20/\$30
	Sundaes & Songs	7/31	N/A	\$25/38
	Outdoor Movie Night	8/28	N/A	\$25/\$38
	Cinco De Mayo Fiesta	5/2	N/A	\$42/\$63
	Puzzles & Pastries	5/2	N/A	\$20/\$30
	Puzzles & Pastries	6/20	N/A	\$20/\$30
	Puzzles & Pastries	7/18	N/A	\$20/\$30
	Puzzles & Pastries	8/15	N/A	\$20/\$30
	HISRA Hangouts - Game Show	5/8	N/A	\$30/\$45
	HISRA Hangouts - Carnival	6/6	N/A	\$30/\$45
	HISRA Hangouts - Beach Bash	7/18	N/A	\$30/\$45
	HISRA Hangouts - Summer BBQ	8/7	N/A	\$30/\$45
	Adult Game Night	8/13	N/A	\$20/\$30
	Waffle Bar Brunch	8/1	N/A	\$42/\$63
	Youth Summer Kick-Off	5/9	N/A	\$20/\$30
	Youth Backyard BBQ	8/22	N/A	\$31/\$47
	Mini Golf & Treats	5/15	Chillicothe/Morton/Washington	\$48/\$72
	Mini Golf & Treats	8/8	Chillicothe/Morton/Washington	\$48/\$72
	Peoria Chiefs Outing	5/9	Chillicothe/Morton/Washington	\$48/\$72
	Peoria Chiefs Outing	8/9	Chillicothe/Morton/Washington	\$48/\$72
	Pizza & Bowling	5/1	N/A	\$44/\$66
	Pizza & Bowling	6/27	N/A	\$44/\$66
	Pizza & Bowling	7/11	N/A	\$44/\$66
	Pizza & Bowling	8/21	N/A	\$44/\$66
	Picnic in the Park	8/29	Chillicothe/Morton/Washington	\$42/\$63
	Special Olympics Golf (Golf)	5/13-7/29	N/A	\$108/\$162
	Special Olympics Golf (Golf Skills)	5/13-7/29	N/A	\$108/\$162
	Special Olympics Softball	5/7-7/23	N/A	\$54/\$81
	Special Olympics Bowling	8/19-10/4	N/A	\$109/\$164
	Special Olympics Flag Football	7/7-9/22	N/A	\$54/\$81
	Special Olympics Bocce Ball	8/2-9/20	N/A	\$54/\$81
	Strikers	6/10-7/29	N/A	\$109/\$164
	Unplug at HISRA Family Day	7/11	N/A	FREE
		<b>TOTAL COST:</b>		

**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
	<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 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): MPP 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**

**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

<b>Household Info</b> Please print first name	<b>Applicant</b>	<b>Adult</b>	<b>Adult</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>
<b>Monthly income</b>						
<b>SSI</b>						
<b>Unemployment</b>						
<b>LINK, SNAP, or other public aid</b>						
<b>Child support, foster care payments, adoption subsidy</b>						
<b>Retirement, pension, etc.</b>						
<b>Other</b>						

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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