

SPECIAL RECREATION SERVICES OF NORTHERN LAKE COUNTY

SRSNLC

2023 FALL PROGRAM GUIDE

**NEW
LAYOUT!**



MEETING UNIQUE
NEEDS

Providing Recreation Programs and Services for
Individuals with Disabilities for the Residents of
Waukegan and Zion Park Districts.



MEET THE STAFF:

WAUKEGAN PARK DISTRICT

Waukegan Park District Mailing Address
 1324 Golf Road | Waukegan, IL 60087
 847-360-4760 phone
 Website: waukeganparks.org/special-recreation/

Jennifer Dumas, CPRP, CPP, – **Manager** | 847-360-4762
jdumas@waukeganparks.org

Kari Robinson, CTRS, CPRP, CPP – **Rec. Supervisor** | 847-360-4763
krobinson@waukeganparks.org

Maria Owens – **Rec. Specialist** | 847-360-4764
mowens@waukeganparks.org

Kelsey Benson – **Part Time Rec. Specialist** | 847-360-4767
dhspecialist@waukeganparks.org

Registration Attendant | 847-782-3300

ZION PARK DISTRICT

Leisure Center
 2400 Dowie Memorial Dr. | Zion, IL 60099
 847-746-5500 phone | 847-746-5506 fax
 *After hours 1-847-746-5500 ext. 2444
 Website: zionparkdistrict.com/special-recreation/
 Teresa Hayhurst – **Program Director**
 SRSNLC Safety Coordinator
thayhurst@zionparkdistrict.org

Contact Us:

Please be aware that you can use the Illinois Relay Center to contact us during our office hours. To use the service, call 1-800-526-0844 (TDD ONLY) or 1-800-526-0857 (Voice). If, due to a visual impairment, you need our brochure or other documents in an alternate format, please contact our office.

[find us on](#) [facebook](#)

Special Recreation Services of Northern Lake County

Mission Statement

It is the MISSION of SRSNLC to educate our citizens to become responsible, productive, healthy, and contributing members of our society by preparing them through recreation with a dynamic and caring environment, which excites them and invites them to participate.

Spanish Interpreters Available

If you need to contact us about program information, Spanish interpreters are available at:
 Waukegan office (847) 360-4789
 Zion office (847) 746-5500 after 12pm.

Si necesita ponerse en contacto con nosotros para pedir información sobre nuestros programas en español, tenemos traductores disponibles en la oficina de Waukegan al (847) 360-4789 y la oficina de Zion al (847) 746-5500.

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Full Access For All - ADA

The Special Recreation Services of Waukegan and Zion advocates for full participation under the Americans with Disabilities Act (ADA) which prohibits discrimination in the provision of programs, services or activities to individuals with disabilities. Every attempt at a reasonable accommodation will be made so that individuals may participate in a desired program.

SRSNLC and your local park districts are committed to meeting your unique, individual leisure needs. Please call us if we can assist you at any time.

In Person Registration Locations

FIELD HOUSE, SPORTS, FITNESS & AQUATICS CENTER WAUKEGAN:	Mon.-Fri. – 5:00am - 10:00pm Saturday – 7:00am - 7:00pm Sunday – 7:00am - 7:00pm
ZION LEISURE CENTER:	Mon.-Fri. – 8:00am - 4:00pm Saturday – 8:00am - 2:00pm

SRSNLC Resident & Non-Resident Policy

Residents of SRSNLC include those in the Waukegan and Zion Park Districts. Residents from any of the above listed Park Districts qualify for the resident rate in all districts. However, participants **MUST** register with the district offering the program. Non-Residents residing in communities having active park districts or recreation departments will pay an additional 25% fee for all programs. Call the local SRSNLC office to see if this affects you.

Cancellation by Registrants

A 20% cancellation charge and/or programming expense(s) will be assessed for all refund requests made before the first meeting date of the program. No refund is given once the first class has met unless a doctor's request form is presented to SRSNLC, which may allow a prorated refund.

Program Cancellations

SRSNLC attempts to hold programs whenever possible. However, inclement weather occasionally makes it difficult for staff and participants to travel to program locations. SRSNLC cancellation policies are as follows:

1. Staff look at all circumstances **one hour** prior to the starting time of the program or transportation route to determine if it should be cancelled.
2. If the program is cancelled, program staff shall attempt to reach all participants by phone or email to inform them of the cancellation. **You will only be called if the program is cancelled.**
3. SRSNLC attempts to extend programs to make up any missed dates.
4. SRSNLC will inform all participants whether the program has been extended.
5. Registration deadlines must be adhered to. If there are not the required minimum participants by the date listed, the program must be cancelled due to reservation requirements. Full refunds will be given.

Refund Procedure:

Refunds are determined on a case by case basis. Please contact your SRSNLC member district to request a refund.

Medication Distribution

Parents and guardians are asked to dispense medication on their own, outside of program hours, if at all possible. **Staff are not able to dispense all types of medications. All requests will be reviewed on a case by case basis.** Please contact your local office for approval for any medication requests at least one week prior to the start of the program. If a medication is approved to be dispensed by district staff, a *Medication Dispensing form & Medication Log form* must be completed. In all cases, medication dispensing can only be administered, changed, or modified by completing a *Medication Dispensing form & Medication Log form*.

SRSNLC Wellness Guide

Participation Guidelines When Illness Occurs

In consideration of the other participants and staff, to prevent the spread of contagious illnesses, participants must refrain from attending programs when any of the following conditions exist:

1. Fever of 100 degrees or higher.
2. Vomiting within the last 24 hours.
3. Persistent diarrhea in conjunction with other symptoms.
4. Contagious rash or a rash of unknown origin.
5. Persistent cough and/or cold symptoms.
6. "Pink Eye" (conjunctivitis) or discharge from the eye.
7. Symptoms of mumps, measles, chicken pox, strep throat, flu, impetigo, Coxsackie virus, head lice, mites, and ringworm.
8. Runny nose with yellow or green discharge WHICH INDICATES INFECTION.
9. Fatigue, due to illness, that will hinder participation and enjoyment in the program.
10. Participant or any household members are experiencing Covid-19 symptoms or had a positive test in the past 10 days.

Please notify the SRSNLC office if the participant contracts any contagious illness that will affect his/her attendance at the program. Participants should return to programs at the doctor's recommendation, or, if not under a doctor's care, when the symptoms have clearly passed.



SRSNLC OVERNIGHT TRIP POLICY

Overnight Trip Policy

Individuals who wish to attend any overnight trips must meet specific guidelines and expectations, as established in the SRSNLC Overnight Trip Guidelines & Expectations. These guidelines and expectations have been established to ensure the safety and enjoyment of the participants, staff, and volunteers in attendance. Participant, staff, and volunteer safety is our utmost priority for the duration of a trip.

Participation on an overnight trip is at the discretion of SRSNLC member districts' staff and the trip coordinator. Overnight trip registrations require preapproval by the SRSNLC member districts' Program Manager to determine eligibility prior to registration. Because of financial and staffing limitations, among other factors, trips are designed for adults with special needs that can function with minimal assistance. All registrations (and associated requests for accommodation, if any) will be reviewed on a case-by-case basis.

Overnight trips include both planned and impromptu activities. SRSNLC cannot guarantee the complete accessibility of all trip activities, but will make reasonable accommodations when doing so does not create an undue hardship, does not fundamentally alter the nature of the program, and does not pose a direct threat of safety to the patron or to others.

All participants are required to complete an Overnight Trip Form, Medication Dispensing Release Form, provide a copy of a valid government issued identification card, and provide a copy of his/her current medical insurance card one week prior to the departure date. Participants may or may not share a double/queen/king size bed. Staff may or may not be in the same room as your adult participant.

Failure to comply with these requirements by the established deadline will result in cancellation and the forfeiture of the participant's deposit and/or trip fee.

Guidelines & Expectations

Staff / Participant Ratio:

Participants must be able to function in a 1:6 staff to participant ratio throughout the duration of the trip.

Independent Living Skills:

Independent Living Skills are defined as a participant's ability to function independently during most everyday situations. Independent Living Skills are a necessary component of all overnight trips. Participants must be able to perform Independent Living Skills including but not limited to:

- Personal, Physical, Vehicle & Travel Safety
- Interpersonal & Socialization Skills
- Time Management
- Following Group Directions/Instruction— Participant must possess the ability to stay with the group and not wander/stray away from staff and other participants.

Behavioral Management Skills:

Behavioral Management Skills are defined as a participant's ability to show that they can manage conflict with other participants and staff without becoming physically or verbally aggressive. Participants with multiple minor and/or one serious Discipline Action Report(s) within the year of a trip will not be allowed to attend any overnight trips until they can demonstrate significant improvement in their own behaviors on other programs.

Self-Care Skills:

Self-Care Skills are defined as a participant's ability to take responsibility for their own health and well-being.

Self-Care Skills are a necessary component of all overnight trips. Participants must be able to perform Self-Care Skills including but not limited to:

- Personal Appearance
- Resting/Sleep
- Meal Management
- Cleansing/Personal Hygiene
- Toileting
- Medication

SRSNLC has established three Self-Care Principles:

- Participants must make informed choices to manage their self-care needs.
- Participants must effectively communicate individual self-care needs.
- Participants must have the ability to manage self-care needs.

Money Management Skills:

Money Management Skills are defined as a Participants ability to maintain their own spending money, personal items, and purchases. Participants will be responsible for their money and any items purchased during the trip. SRSNLC member districts' staff and volunteers cannot be held responsible for lost or stolen money/souvenirs.

SRSNLC Program Participation:

Participants must complete a minimum of one hundred contact hours in SRSNLC programs in a variety of program settings (i.e., day camp, athletics, day trips, etc.) prior to attending an overnight trip.

Refund Policy: *No refunds are given unless...*

- The trip is cancelled by the park district.
- The person desiring a refund finds a replacement.
- The district has a waiting list for the trip.
- Other circumstances as may be deemed necessary to comply with the law or as may be fair and just.

Do Your Best!

SRSNLC CODE OF CONDUCT

Behavior Expectations

SRSNLC promotes the concept of “equal fun for everyone.” However, certain rules have been established to ensure the safety and enjoyment of all people. The following guidelines have been developed to help make SRSNLC programs safe and enjoyable for all participants. SRSNLC participants are expected to demonstrate appropriate behavior during programs. The basic behavior code of conduct insists that participants shall:

1. Show respect to all participants and staff, and take direction from staff.
2. Refrain from using abusive or foul language.
3. Refrain from causing bodily harm to self, other participants, or staff.
4. Show respect to equipment, supplies, and facilities.

A positive approach will be utilized regarding discipline. Individual behavior management plans may be developed on the advice of parents, staff or other professionals. If inappropriate behavior occurs, prompt resolution will be sought, specific to each individual situation. **SRSNLC reserves the right to dismiss a participant whose behavior endangers the safety of him/her self or others.**

Consequences of Unacceptable Behavior

Participants may be subject to any of the following actions for unacceptable behavior. **Below is a guideline for progressive discipline;** however, the progression may be accelerated or slowed based on the severity and frequency of the unacceptable behavior.

Unacceptable Behavior	Warning	Time Out	Conference Loss of Privileges	Suspension	Expulsion
Improper use of materials or equipment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disrespect of participants, staff, or the public.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Objectionable gestures; profane, vulgar or objectionable language.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fighting		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Damage or destruction of Park District property or property of others.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Theft			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Smoking; possession or use of alcohol or illegal drugs.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Harassment or abuse of fellow participants or staff			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Possession of weapons			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other acts which may be determined to be unacceptable by the program supervisor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SRSNLC SPORTS

All athletes and their parent or guardian MUST sign the SRSNLC Sports Handbook and return the signed acknowledgment pages before the first practice of your sports season.

Special Olympics Medical Forms

SRSNLC offers sports that can compete in the Special Olympics. Special Olympics **REQUIRES** all athletes to complete a Medical Form before they can participate in a Special Olympics sport. We are currently competing in Region B of Special Olympics Illinois

- Your Special Olympics medical form is valid for three years from the date of the exam.
- **No other form can be used in the place of a Special Olympics medical form.**
- Please complete this form as soon as possible so your athlete is ready to go by the start of their sports season.
- The Special Olympics Athletic Director (SOAD) at your SRSNLC district will give you a deadline date for your athlete's medical form to be returned to the Special Olympics- Illinois Region B Office.
- **If your athlete's form is not returned by the date listed, he or she will NOT be eligible to compete at the Special Olympics tournament/meet.**
- **SRSNLC is NOT responsible for forms turned in after this date.**
- **Medical forms CANNOT be accepted by SRSNLC member district staff. You must email or mail the document directly to Special Olympics- Illinois Region B Staff at RegionBForms@soill.org or mail to 1724 S Finley Rd, Lombard, IL 60148.**

DAY / YOUTH PROGRAMS

WAUKEGAN PARK DISTRICT

H.E.A.R.T. PROGRAM

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 18 & Older

Mondays Fee: \$420 for 12 days

Tuesdays Fee: \$420 for 12 days

Monday & Tuesday Fee: \$816 for 24 days

Reg. Deadline: Two weeks before first program of the month

SRSNLC-Waukegan has a HEART for adults with disabilities. The HEART Program is a Day Program designed to offer adults with disabilities the opportunity to continue building relevant life skills while training them for transition into the community. This program's main areas of focus include: **H**Health, **E**ducation, **A**rt, **R**ecreation, and **T**raining. Structured programs are designed to improve its participants' quality of life through meaningful and educational experiences.

Applicants for the program must:

- Be 18 years and older
- Be a high school graduate
- Complete the intake process to determine eligibility and participant program needs
- Sign a release of information form
- Function at a ratio of 6 participants to 1 staff
- Submit a \$30 deposit at time of application. **Deposit is refunded if participant is not eligible for the program or program does not run.*

*This program is ideal for adults who work part-time, are unemployed or who want something different from the traditional workshop environment.

Please contact Maria Owens at 847-360-4764 or email mowens@waukeganparks.org for more information on program dates, and to start the application process.



CODE	DAY	DATE	TIME	NO PROGRAM
51104301-7A	M	9/11-12/18	10:00am-2:00pm	10/2, 10/30 and 11/27
51104301-8A	T	9/12-12/19	10:00am-2:00pm	10/3, 10/31 and 11/28
51104301-9A*	M & T	9/11-12/19	10:00am-2:00pm	10/2, 10/3, 10/30, 10/31, 11/27 & 11/28

SEE PAGE 11 FOR SPECIAL RECREATION SWIM LESSONS FOR YOUTH AND ADULT.
SEE PAGE 13 FOR BASKETBALL SKILLS PROGRAMS.

SCHOOL'S OFF



Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 6-12

No school today? Join us for a program at the Adaptive Recreation Center or a local field trip. Each day is a new activity and a chance to socialize with peers or learn a new skill. ***Transportation is offered for an extra fee for eligible participants. See page 23 for transportation procedures. Drop-off and pick-up is at the ARC, if not using transportation.**



CREATIVE CORNER

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
11102202-10A	F	10/20	10:00am-11:00am	10/5	\$9R (\$13 w/transportation) / \$12NR

MOVERS & BAKERS

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
11102202-12A	W	12/27	10:00am-12:00pm	12/12	\$18R (\$24 w/transportation) / \$23NR

MAD SCIENTISTS

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
11102202-12B	TH	12/28	1:00pm-3:00pm	12/13	\$15R (\$21 w/transportation) / \$19NR

CIRCUS ACTS

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
11102202-1A	W	1/3/24	10:00am-12:00pm	12/19	\$25R (\$31 w/ transportation) / \$32NR

GAMES GALORE

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
11102202-1B	TH	1/4/24	1:00pm-3:00pm	12/20	\$25R (\$31 w/ transportation) / \$32NR

DAY / YOUTH PROGRAMS

WAUKEGAN PARK DISTRICT

SENSORY DISCOVERIES

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 6-17

Fee: \$10R / \$13NR

Take 30 minutes to unwind in the Adaptive Recreation Center's new sensory room. Help your kids discover new coping strategies for anxiety and relaxation.

OCTOBER

CODE	DAY	DATE	TIME	REG. DEADLINE
11108201-10A	M	10/9	10:00am-10:30am	10/1
11108201-10B	M	10/9	10:45am-11:15am	10/1
11108201-10C	M	10/9	11:30am-12:00pm	10/1
11108201-10D	M	10/9	1:00pm-1:30pm	10/1
11108201-10E	M	10/9	1:45pm-2:15pm	10/1
11108201-10F	M	10/9	2:30pm-3:00pm	10/1

NOVEMBER

11108201-11A	W	11/22	10:00am-10:30am	11/14
11108201-11B	W	11/22	10:45am-11:15am	11/14
11108201-11C	W	11/22	11:30am-12:00pm	11/14
11108201-11D	W	11/22	1:00pm-1:30pm	11/14
11108201-11E	W	11/22	1:45pm-2:15pm	11/14
11108201-11F	W	11/22	2:30pm-3:00pm	11/14

DECEMBER

11108201-12A	M	12/11	10:00am-10:30am	12/3
11108201-12B	M	12/11	10:45am-11:15am	12/3
11108201-12C	M	12/11	11:30am-12:00pm	12/3
11108201-12D	M	12/11	1:00pm-1:30pm	12/3
11108201-12E	M	12/11	1:45pm-2:15pm	12/3
11108201-12F	M	12/11	2:30pm-3:00pm	12/3

PROGRAM GUIDE KEY



BUS - Door to Door
Programs with this symbol offer door to door transportation with additional fee.



HOUSE - Transportation Home Only
Programs with this symbol offer transportation home only. See page 23 for all eligibility, rules and procedures for transportation.



DOLLAR BILL - Bring Spending Money
Programs with this symbol require additional money be brought for the purchase of a meal or souvenirs.

SOCIALS AND OUTINGS

SRSNLC'S AUTUMN HARVEST DANCE

Imagine...a nice cool breeze, leaves floating in the sky, a hayride, campfire, music, pizza, friends & more! This will be your experience when you join us at the SRSNLC Annual Autumn Harvest Dance. Please dress appropriately for the weather as the dance will be held outside. ***In the event of inclement weather, the dance will move inside the Shiloh Center.***



Register at: Waukegan Park District

Meet at: The Field House at 5:30pm

Event Time: 6:00pm-8:00pm

Age: 13 & Older

Fee: \$20R (\$25 w/transportation) / \$25NR

***Transportation is offered home for an extra fee for eligible participants. See page 23 for transportation procedures.**

Please drop-off at the Field House. Pick-up is at the Field House, if not using home transportation.

Register at: Zion Park District

Location: Shiloh Center, Patio

Age: 13 & Older

Fee: \$20R / \$25NR

DAY	DATE	TIME	REG. DEADLINE
F	9/15	6:00pm-8:00pm	9/1

CODE	DAY	DATE	TIME	REG. DEADLINE
11104323-1A	F	9/15	5:30pm-8:45pm	8/31

SOCIALS AND OUTING

SRSNLC TURKEY TWIST

Give thanks for the chance to dance! The Turkey Twist is better than ever! Join us for dancing, snacks, and a take home craft. Twist your way to Waukegan to enjoy a great evening!

Register at: Waukegan Park District

Location: Belvidere Recreation Center

Age: 13 & Older

Fee: \$25R / \$32NR

There is NO transportation for this event.

CODE	DAY	DATE	TIME	REG. DEADLINE
11104322-1A	F	11/3	6:30pm-8:30pm	10/12



Register at: Zion Park District

Meet at: Shiloh Center, West Room

Age: 13 & Older

Fee: \$25R / \$38NR

***Transportation home is for the residence of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
F	11/3	6:30pm-8:30pm	10/13

LUNCH WITH FRIENDS

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 16 & Older

Fee: \$18R Daily / \$27NR Daily

Join your friends for a relaxing lunch! A staff member will contact you 1-2 days prior to the program for your lunch order. In the mood for a movie? Sign up for Show Time that begins after Lunch with Friends!

DAY	DATE	TIME	REG. DEADLINE
F	9/8	12:00pm-1:00pm	9/1
F	10/13	12:00pm-1:00pm	10/6
F	11/10	12:00pm-1:00pm	11/3
F	12/15	12:00pm-1:00pm	12/8

HAPPY HOUR & 1/2

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 13 & Older

Fee: \$5R / \$8NR

Join us for Happy Hour & ½! Talk with friends, play games, go on walks & more. **Please bring a drink.**

DAY	DATE	TIME	REG. DEADLINE
W	9/13	10:00am-11:30am	9/8
W	9/27	10:00am-11:30am	9/22
W	10/25	10:00am-11:30am	10/20
W	11/15	10:00am-11:30am	11/10
W	12/6	10:00am-11:30am	12/1

SHOW TIME

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 16 & Older

Fee: \$7R Daily / \$11NR Daily

Come enjoy a movie with your friends from SRSNLC! Fee includes popcorn & bottled water.

DAY	DATE	TIME	REG. DEADLINE
F	9/8	1:00pm-3:00pm	9/1
F	10/13	1:00pm-3:00pm	10/6
F	11/10	1:00pm-3:00pm	11/3
F	12/15	1:00pm-3:00pm	12/8

Wii BOWLING

Register at: Zion Park District

Location: Shiloh Center, West Room

Age: 13 & Older

Fee: \$36R / \$45NR

STRIKE!! Come knock down some pins with your pals at SRSNLC! All players must be knowledgeable with the game to register for the program. **Please bring a drink.**

DAY	DATE	TIME	REG. DEADLINE
Th	9/21-12/14	10:00am-12:00pm	9/15

***No Wii Bowling 11/9, 11/23**



SOCIALS & OUTINGS

BREAKFAST AND A MOVIE

Join us for a great breakfast at a local restaurant and then go catch a flick at Gurnee Cinema.



Register at: Waukegan Park District

Meet at: The Field House at 9:30am
 Pick up at The Field House approximately 3:00pm
Age: 18 & Older
Fee: \$30R (\$35 w/transportation) / \$45NR
**Transportation is offered home for an extra fee for eligible participants. See page 23 for transportation procedures. Please drop-off at the Field House. Pick-up is at the Field House, if not using home transportation.*



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level
Age: 16 & Older
Fee: \$30R / \$45NR
**Transportation home is for the residence of Zion, Winthrop Harbor & Beach Park only.*

CODE	DAY	DATE	TIME	REG. DEADLINE
11104302-9A	F	9/22	10:00am-3:00pm	9/8

DAY	DATE	TIME	REG. DEADLINE
F	9/22	10:00am-3:00pm	9/8
F	11/17	10:00am-3:00pm	11/3



SRACLC'S FALL FANTASY DANCE



Register at: Waukegan Park District
Meet at: The Field House at 5:40pm
Event Time: 6:30pm-9:00pm
Age: 16 & Older
Fee: \$31R (\$37 w/transportation) / \$38NR

Attention ladies and gentlemen, it is with great pleasure to welcome you to our ANNUAL Fall Fantasy dinner and dance. Join us for an elegant meal before hitting the dance floor. Don't forget your keepsake when you leave to always remember a magical evening. **Transportation is offered home for an extra fee for eligible participants. See page 23 for transportation procedures. Please drop-off at the Field House. Pick-up is at the Field House, if not using home transportation.*

CODE	DAY	DATE	TIME	REG. DEADLINE
11104305-1A	F	11/17	5:45pm-10:00pm	10/26

PINS AND LUNCH



Register at: Zion Park District
Meet at: Shiloh Center, Lower Level
Age: 16 & Older
Fee: \$35R / \$44NR

Knock down some pins at Guttormsen Recreation Center! Our day will begin with lunch at Johnny's Pour House in Pleasant Prairie and end with a couple games of bowling. *Transportation home is for residence of Zion, Winthrop Harbor & Beach Park only.*

DAY	DATE	TIME	REG. DEADLINE
F	9/29	10:45am-3:30pm	9/15



SOCIALS & OUTINGS

SRSNLC HOLIDAY PARTY

HAPPY HOLIDAYS! SRSNLC would like to invite you to join us in celebrating the Holiday season. Everyone will receive a gift from the staff at SRSNLC, pizza & TONS of dancing!



Register at: Waukegan Park District

Meet at: The Field House at 5:30pm

Event Time: 6:00pm-8:00pm

Age: 13 & Older

Fee: \$17R (\$23 w/transportation) / \$22NR

**Transportation is offered home for an extra fee for eligible participants. See page 23 for transportation procedures. Please drop-off at the Field House. Pick-up is at the Field House, if not using home transportation.*

CODE	DAY	DATE	TIME	REG. DEADLINE
11104324-1A	F	12/8	5:30pm-8:30pm	11/16

Register at: Zion Park District

Location: Shiloh Center, West Room

Age: 8 & Older

Fee: \$17R / \$22NR

DAY	DATE	TIME	REG. DEADLINE
F	12/8	6:00pm-8:00 pm	11/3

PUMPKIN FARM



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$30R / \$45NR

Join us as we take a trip to Land of the Giants pumpkin farm in Sturtevant, WI. We will start our day off with lunch at Junction Pub & Grill in Sturtevant, WI. and then head to Land of the Giants pumpkin farm to pick out a pumpkin to take home, find your way through the corn maze, visit the gift shop and more! **Transportation home is for residence of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
TU	10/3	10:30am-3:00pm	9/15



DAVE & BUSTER'S



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$55R / \$83NR

Come have loads of fun at the famous Dave & Buster's. Fee includes lunch, play card & transportation. Individuals are able to add money to their play cards at their own expense. **Transportation home is for residence of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
W	11/29	10:30am-3:00pm	11/17

A BING CROSBY CHRISTMAS



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$63R / \$79NR

'Tis the season to be jolly as Broadway baritone Jared Bradshaw celebrates America's favorite crooner Bing Crosby. A Broadway veteran of more than a decade, Bradshaw appeared in Jersey Boys and Charlie and the Chocolate Factory. The "immensely talented" (Associated Press) crooner leads a swinging band featuring a talented trio singing the joyful harmonies of the Andrews Sisters. Unforgettable hits include "Jingle Bells," "Chattanooga Choo-Choo," "Mele Kalikimaka," and "White Christmas." We will start our evening at Peggy Kinnanes for a late lunch & then we will walk one block to the theater for the show. Fee includes dinner, show & transportation. **Transportation home is for residence of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
TU	12/5	11:30am-6:30pm	11/15

SOCIALS & OUTINGS



FAMILY SOCIALS

Register at: Waukegan Park District
Location: Adaptive Recreation Center
Age: Family - Varies
Fee: FREE

***Please register each family member that will attend.**

Spend time with your family and ours. Family Socials is a time to play and get to know other families in the SRSNLC. Join us for snacks, games, and fun prizes!

BINGO: Ages 5 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
11104404-9A	F	9/29	5:30pm-6:30pm	9/14

FALL FESTIVAL: All Ages

CODE	DAY	DATE	TIME	REG. DEADLINE
11104404-10A	F	10/6	5:30pm-7:00pm	9/21

LOTERÍA: Ages 5 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
11104404-10B	M	10/30	5:30pm-6:30pm	10/15

GINGERBREAD HOUSE BUILDING COMPETITION: Ages 5 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
11104404-12A	SA	12/16	2:00pm-3:00pm	12/1



HOLIDAY LIGHTS

Register at: Zion Park District
Meet at: Shiloh Center, Lower Level
Age: 16 & Older
Fee: \$40R / \$60NR

'Tis the season of twinkling lights, great food & friends! We will begin our evening with a nice dinner at Mike & Angelo's in Racine, WI. We will then head to Calendonia, WI. to drive thru the spectacular 1.6 mile light display at Jellystone Park Camp - Resort. **Transportation home is for residence of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
TU	12/19	3:00pm-8:30pm	11/17

HOLIDAY LUNCHEON

Register at: Zion Park District
Location: Shiloh Center, West Room
Age: 18 & Older
Fee: \$15R / \$19NR

Come join Zion Park District and celebrate the Holiday season with great food, great friends & live entertainment! Luncheon is sponsored by Zion Township & Benton Township. Doors open at 9:45am.

DAY	DATE	TIME	REG. DEADLINE
W	12/13	10:00am- 12:00pm	11/24

SPORTS & FITNESS

SPECIAL RECREATION SWIM LESSONS: YOUTH AND ADULT WITH DISABILITIES

Register at: Waukegan Park District

Location: Field House, Waukegan

Age: 5 & Older

Fee: \$61R / \$71NR

Swimming is an essential life skill for safety, fitness, and fun! Special Recreation is offering swimming lessons for individuals with disabilities. All lessons are designed around the individual swimmer. Whether your goal is to just get comfortable in the water, support sensory experiences or become a competitive swimmer, Special Recreation can guide you along the way. We encourage you to jump on in, the water's great!

Lessons are thirty minutes and have a maximum group size of two swimmers to one instructor. Swim times are offered for six weeks on Saturdays between 9:00am and 1:00pm. If the time you are requesting is full, please register for another time and request to be put on the wait list for your first-choice time. Please contact Kari at 847-360-4763 to complete an initial assessment of your child's current skill level.

Any swimmers that request the therapy pool will need to select a session running 11:20 am – 1 pm or after.



CODE	DAY	DATE	TIME	REG. DEADLINE
10402205-1A	SA	9/9-10/14	9:00am-9:30am	8/25
10402205-1B	SA	9/9-10/14	9:35am-10:05am	8/25
10402205-1C	SA	9/9-10/14	10:10am-10:40am	8/25
10402205-1D	SA	9/9-10/14	10:45am-11:15am	8/25
10402205-1E	SA	9/9-10/14	11:20am-11:50am	8/25
10402205-1F	SA	9/9-10/14	11:55am -12:25pm	8/25
10402205-1G	SA	9/9-10/14	12:30pm-1:00pm	8/25
10402205-2A*	SA	11/4-12/16	9:00am-9:30am	10/20
10402205-2B*	SA	11/4-12/16	9:35am-10:05am	10/20
10402205-2C*	SA	11/4-12/16	10:10am-10:40am	10/20
10402205-2D*	SA	11/4-12/16	10:45am-11:15am	10/20
10402205-2E*	SA	11/4-12/16	11:20am-11:50am	10/20
10402205-2F*	SA	11/4-12/16	11:55am-12:25pm	10/20
10402205-2G*	SA	11/4-12/16	12:30pm-1:00pm	10/20

***No Class on 11/25**



FIT FUN

Register at: Zion Park District

Location: Leisure Center, Lower Level

Age: 16 & Older

Fee: \$5R Daily / \$7NR Daily

Come get your exercise on in the Fitness Studio at the Leisure Center! **Please bring water to drink.**

DAY	DATE	TIME	REG. DEADLINE
TU	9/5	12:00pm-1:00pm	9/1
TU	9/19	12:00pm-1:00pm	9/15
TU	10/17	12:00pm-1:00pm	10/13
TU	11/7	12:00pm-1:00pm	11/3
TU	11/21	12:00pm-1:00pm	11/17
TU	12/5	12:00pm-1:00pm	12/1

DRUMTASTIC

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 13 & Older

Fee: \$19R / \$29NR

The rhythm is gonna get you! Pound your way to health in this interactive fitness program. Participants will drum to the rhythm while getting a total body work-out. Leave your seat and get with the beat!

CODE	DAY	DATE	TIME	REG. DEADLINE
11101317-10A	TH	10/12-11/2	6:00pm-6:45pm	10/4



TIME TO SPARE BOWLING

Register at: Waukegan Park District

Location: Bowlero, Fountain Square

Age: 13 & Older

Fee: \$115R (\$184 w/transportation*) / \$160NR

***Transportation is offered for an extra fee for eligible participants.** There is a minimum and maximum. If the minimum number is not reached, no transportation will be provided. Once the maximum is reached, participants must provide their own transportation. **See page 23 for transportation procedures. Drop-off and pick-up is at Bowlero, if not using transportation.**

Do you have time to spare for a friendly game or two? Bowling can help improve hand-eye coordination, strength, flexibility and gross motor skills. Socialize while you wait for your turn. The fee includes two games of bowling and rental shoes.

*End times are approximate. This is dependent on the individual's bowling speed and the numbers we are allowed to have on each lane.

CODE	DAY	DATE	TIME	REG. DEADLINE
11101303-9A	W	9/20-11/29	approximately 4:45pm-5:45pm	9/12

***No Program 11/22**

IN A PICKLE: INDOOR PICKLEBALL

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 18 & Older

Fee: \$19R / \$24NR

Learn the fastest growing sport in the nation and get in a pickle. Pickle ball is fun and easy to learn. Plus it's a great work out. Try a new way to get healthy.

CODE	DAY	DATE	TIME	REG. DEADLINE
11101317-12A	TH	12/7-12/21	10:00am - 11:00am	11/22



SPORTS & FITNESS

ALL-STAR BASKETBALL

Gather the skills taught and compete against other Special Recreation Associations in the Special Olympics and TRS Tournaments. Basketball will help improve motor skills, hand-eye coordination, balance, strength, speed, flexibility, and endurance. Athletes will receive skill training on ball handling, shooting, rebounding, defensive and offensive teamwork, as well as good sportsmanship. Skills athletes will compete in the Special Olympics Tournament in December. The Team will compete in the Special Olympics District Tournament in January and the ITRS Tournament in February.

A Special Olympics New Medical Form must be valid through March of 2024 and on file with Special Olympics to compete.

SKILLS

Register at: **Waukegan Park District**

Location: The Field House

Age: 8 & Older

Fee: \$70R / \$105NR

CODE	DAY	DATE	TIME	REG. DEADLINE
11101313-1A	T	10/3-11/28	5:00pm-6:00pm	9/25

TEAM - No Practice on 12/26 or 1/2

Register at: **Waukegan Park District**

Location: The Field House

Age: 15 & Older

Fee: \$80R / \$120NR

CODE	DAY	DATE	TIME	REG. DEADLINE
11101314-1A	T	10/31-2/6/24	6:30pm-8:00pm	10/16



ARTSY FARTSY

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 10 & Older

Fee: \$20R / \$30NR

Art helps open & calm the mind. Come and create a masterpiece to take home and decorate your space with. **Please bring a drink.**

DAY	DATE	TIME	REG. DEADLINE
TU	9/26	10:30am-12:00pm	9/11
TU	11/28	10:30am-12:00pm	11/13

PROGRAM GUIDE KEY



BUS - Door to Door

Programs with this symbol offer door to door transportation with additional fee.



HOUSE - Transportation Home Only

Programs with this symbol offer transportation home only. See page 23 for all eligibility, rules and procedures for transportation.



DOLLAR BILL - Bring Spending Money

Programs with this symbol require additional money be brought for the purchase of a meal or souvenirs.

I CAN COOK

"Eating is a necessity; cooking is an ART"- Unknown.

Try your hand in our new learning kitchen. Each week is a different style of cooking! **Note: a full meal is NOT provided, please plan accordingly.**



Register at: Waukegan Park District

Meet at: Adaptive Recreation Center

Age: 13 & Older

Fee: \$15R (\$19 w/transportation*) / \$19NR per session

**Transportation is offered home for an extra fee for eligible participants. See page 23 for transportation procedures. Please drop off at the ARC. Pick-up is at the ARC, if not using home transportation.*

MAIN DISH

CODE	DAY	DATE	TIME	REG. DEADLINE
11106301-8A	TH	9/21	5:30pm-7:00pm	9/6

SIDE DISHES AND SNACKS

CODE	DAY	DATE	TIME	REG. DEADLINE
11106301-8B	TH	10/5	5:30pm-7:00pm	9/20

I CAN BAKE - HOLIDAY BAKING

CODE	DAY	DATE	TIME	REG. DEADLINE
11106301-8C	F	12/1	10:30am-12:00pm	11/16



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$20R / \$25NR

**Transportation home is for residence of Zion, Winthrop Harbor & Beach Park only.*

I CAN BAKE - HOLIDAY BAKING

DAY	DATE	TIME	REG. DEADLINE
F	12/1	10:30am-12:00pm	11/16



IN THE ART STUDIO



Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 13 & Older

Fee: \$30R (\$35 w/transportation) / \$38NR

"Art activates the creative part of our brain - the part that works without words and can only be expressed nonverbally." - Grant Eckert.

Activate your brain in these art sessions. Experience the benefits of arts! ***Transportation is offered home for an extra fee for eligible participants. See page 23 for transportation procedures. Please drop off at the ARC. Pick-up is at the ARC, if not using home transportation.**

CODE	DAY	DATE	TIME	REG. DEADLINE
11103302-7A	TH	9/28	5:30pm-6:30pm	9/13

VIRTUAL PROGRAMS

VIRTUAL WORKOUT: BEFORE YOU FEAST

Register at: Waukegan Park District

Location: Virtual through TEAMS

Age: 10 & Older

Fee: \$5R / \$7NR

Feel the burn before you FEAST! Make sure you get in a great work-out before you have a fun filled day of eating on your Thanksgiving favorites. Don't worry if you won't be in town, this one is VIRTUAL!

CODE	DAY	DATE	TIME	REG. DEADLINE
11101317 -V11A	W	11/22	6:00pm-6:30pm	11/20



WAUKEGAN PARK DISTRICT PROGRAMS

SUPERVISION OF PARTICIPANTS NEEDS TO BE PROVIDED BY GUARDIANS FOR ALL PROGRAMS UNDER THIS SECTION

GEORGE BRIDGES 5K

Register at: Waukegan Park District

Location: The Field House

Age: All

Fee: \$34

CODE	DAY	DATE	TIME	REG. DEADLINE
30307401-1A	SA	9/16	Race begins at 9:00am	9/15

DAY OF THE DEAD / DÍA DE MUERTOS

Location: Bowen Park

Age: All

Fee: FREE

Celebrate as a community. Special Event features: arts/ vendors, food, music, dancing, sugar skulls, and altar exhibits.

Guardians must provide supervision.

CODE	DAY	DATE	TIME
FREE	SA	10/21	11:00am-4:00pm

TURKEY TROT

Location: Waukegan Sports Park

Age: All

Fee: 2 cans of non-perishable food to donate

Fun races are organized by gender and age groups from toddlers up. Event registration takes place between 9:00am-9:45am on the day of the event. **Races start at 10am.** For more information, please call 847-360-4700 or visit www.waukeganparks.org.

CODE	DAY	DATE	TIME
10101401-1A	SA	11/11	9:00am-11:00am

HALLOWEEN FEST

Location: Bowen Park

Age: All

Fee: FREE

Walk through the Halloween Trick or Treat Trail, a two-hour tradition for families with professionally costumed, loved, and feared characters for all to meet. Families will interact with characters, scenes and sounds along a path. The ghouls, monsters and wildlife know you must stay on the path, so do not fear the fantastic fun that awaits. Children will receive a Halloween treat bag at the end of the path. Costumes are encouraged. Compliance with IDPH event guidelines will be required.

CODE	DAY	DATE	TIME
FREE	SA	10/28	1:00pm - 3:00pm

ZION PARK DISTRICT

HALLOWEEN TRAIL OF TREATS

Location: Shiloh Park

Date: October 27, 2023

Fee: FREE

Trail of Treats is a family-friendly SPOOKTACULAR funfest! Participants will stay in their vehicle for a Halloween drive-thru experience but are encouraged to dress up and decorate your cars if you like. Families will trick or treat through Shiloh Park starting at the Port Shiloh Pool parking lot on Shiloh Blvd. Each car will drive through multiple trick or treat stops hosted by the Park District, local businesses, and other organizations. Safety precautions will be followed.



Annual Information Form 2023

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Sex: Male Female

T-Shirt Size: Youth Adult Small Medium Large X-Large 2XL 3XL Shoe Size: _____

School/Workshop: _____ Teacher/Supervisor: _____ Phone: _____

Physician's Name: _____ Physician's Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian Contact: _____ Relationship: _____

Primary Phone Number: _____ Home Cell Work

Secondary Phone Number: _____ Home Cell Work

Emergency Contact: _____ Relationship: _____

Primary Phone Number: _____ Home Cell Work

Secondary Phone Number: _____ Home Cell Work

Participant is Own Guardian? Yes No

Does participant require supervision at conclusion of program/drop off? Yes No

If over 21 years, can individual consume alcohol? Yes No Quantity: _____

Photo / Video Statement

SRSNLC occasionally takes photographs or video of participants for promoting/advertising of our programs, services, events, activities, and facilities in our brochures, websites or agency social media, and other promotional avenues. By registering for, participating in or attending SRSNLC events, or other activities, the participant (or parent/guardian of a minor participant) irrevocably agrees to the use and distribution by SRSNLC of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

Authorization and Consent for Emergency Treatment Permission:

I acknowledge that SRSNLC does not carry medical insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached and understand that SRSNLC will call 9-1-1 in the event the situation to be life threatening. I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform the SRSNLC staff of any changes in the above information.

Medical Insurance Company: _____ Policy Number _____

Signature of Parent/Guardian: _____ Date _____

INDIVIDUALS DISABILITY INFORMATION

Primary Disability _____

Secondary Disability _____

If Down Syndrome, has participant been tested for atlanto axial instability? Yes No N/A

Does your participant have atlanto axial instability? Yes No N/A

Not all personal care needs can be met by SRSNLC. Please contact your local office when requesting personal care needs.

HEALTH INFORMATION

Does participant have seizures? Yes No If Yes, please complete the SRSNLC Seizure Questionnaire. Even if there has been a past history of seizures.

Does the participant have asthma? Yes No Comments: _____

Allergies

Food allergies Comments: _____

Medication allergies Comments: _____

Other allergies Comments: _____

Does participant carry/use an Epi-pen? Yes No

DIETARY INFORMATION

- Does participant require assistance eating or drinking? Yes No Comments: _____
- have any food restrictions? Yes No Comments: _____
 - have any food dislikes? Yes No Comments: _____
 - have any specific food likes? Yes No Comments: _____
 - is participant Diabetic? Yes No Comments: _____
- If yes, participant must independently administer insulin.

BEHAVIOR INFORMATION

- Does participant display unusual fears? Yes No Comments: _____
- comply with verbal requests? Yes No Comments: _____
 - respond to specific directions? Yes No Comments: _____
 - have any known situations that cause behavior if presented? Yes No Comments: _____
- What actions are to be taken if a particular behavior is presented? Comments: _____
- respond to any reinforcement devices? Yes No Comments: _____
 - respond to any behavior improvement techniques? Yes No Comments: _____
- Please check all that apply
- | | | |
|---|---|--|
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Oppositional/defiant | <input type="checkbox"/> Verbal aggression |
| <input type="checkbox"/> Self-injurious behaviors | <input type="checkbox"/> Physical aggression towards others | |
- List other behavioral concerns here _____

SAFETY INFORMATION

- Is participant capable of saying name: Yes No
- Does participant wander/run from group? Yes No Sometimes
- Can participant manage own money? Yes No Sometimes
- Can participant recognize danger? Yes No Sometimes
- Does participant need assistance toileting: Independent Monitor Diapering Other _____
- Swimming Swims independently Can swim a little Cannot swim at all Extreme fear of water
- Other _____

MOBILITY & COMMUNICATION INFORMATION

- Mobility:
- Can participant walk independently: Yes No
- | | | |
|---|---------------------------------|--|
| <input type="checkbox"/> Use a Wheelchair | <input type="checkbox"/> Manual | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Transfers independently | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Use orthopedic equipment | <input type="checkbox"/> Walker | <input type="checkbox"/> Stroller <input type="checkbox"/> Cane <input type="checkbox"/> Canadian Crutches |
- Communication Needs
- | | | |
|--|--|---|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Non-Verbal | Hearing Aid: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear |
| <input type="checkbox"/> Independent Communication | <input type="checkbox"/> Assisted/Facilitated Communication | <input type="checkbox"/> Uses Sign Language |
| Uses communication system | <input type="checkbox"/> PECS <input type="checkbox"/> Picture <input type="checkbox"/> Schedule <input type="checkbox"/> Talker | |

MEDICATION INFORMATION

- Does the participant receive any medication (over the counter and/or prescription)? Yes No
- | Medication | Dosage | Time | Purpose | Side Effects |
|------------|--------|-------|---------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

WAUKEGAN REGISTRATION

This form is used to register for **Waukegan Park District** programs **ONLY**. Please return this completed registration form to 800 Baldwin Avenue, Waukegan, IL 60087. All checks need to be payable to the Waukegan Park District. For all programs hosted by Zion Park District, please fill out their registration form.

Household / Payor Name		Payor Birthdate		
Street Number and Name			Apt / Suite #	
City		State	Zip	
Primary Phone Number		Secondary Phone Number		
Emergency Contact Person		Emergency Phone	Email	
Participant's Name (First & Last)	Birthdate	Program #	Program Name	Fee
Total Requested				\$

IMPORTANT INFORMATION

The Special Recreation Services of Northern Lake County and its member districts are committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Special Recreation Services of Northern Lake County continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Special Recreation Services of Northern Lake County to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Special Recreation Services of Northern Lake County including Waukegan and Zion Park Districts, its officials, agents, volunteers and employees (hereinafter collectively referred as SRSNLC).

I do hereby fully release and forever discharge the SRSNLC from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I further agree to indemnify, hold harmless and defend the SRSNLC and its officers, agents, servants and employees from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize SRSNLC Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, assumption or risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for the and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED - If the signature of adult participant or parent/guardian and date are not on this waiver.

Parent / Adult Guardian Signature

Date

Participant Signature (Participant must sign if they are their own legal guardian)

Date



SRSNLC WAUKEGAN SEIZURE QUESTIONNAIRE

Office use only: Date Reviewed: _____ Initial: _____

Please complete this form if the participant experiences seizures. **Please update this form whenever there is a change in the seizure information/plan and promptly submit it to SRSNLC.** SRSNLC requests that you review this form once a year and provide any necessary updates.

Participant's Name: _____

Completed by: _____ **Relationship:** _____ **Phone:** () _____

Medication(s):

Participant medication needs are to be noted on their *Annual Information Form* which is available in this SRSNLC brochure. If the participant's medication needs have changed since submission of their *Annual Information Form*, please submit a new form as soon as possible.

A Medication Permission form must be submitted if you are requesting SRSNLC staff to assist with the dispensing of scheduled oral or topical maintenance medication. To obtain a copy of the *Annual Information Form* or *Medication Permission* form, please contact your local SRSNLC office or download a copy of the forms from your local SRSNLC website.

Please note: SRSNLC staff will not administer rectal Diastat or perform any other invasive medical procedures.

1. Please describe a typical seizure: _____

2. Are there any symptoms prior to the onset of the seizure? (i.e. smells, stomach pain, fear, sounds, etc.)

3. What was the date of the participant's last seizure? ___/___/___

4. How long does the typical seizure last? _____

Type of Seizure(s) (Please check all that apply):

<input type="checkbox"/>	Absence (staring spell)	<input type="checkbox"/>	Atonic (Drop)	<input type="checkbox"/>	Simple Partial
<input type="checkbox"/>	Complex Partial	<input type="checkbox"/>	Generalized (Gran Mal)		
<input type="checkbox"/>	Other (explain): _____				

Seizure Response Plan

In the event of a perceived seizure, SRSNLC staff will follow basic first aid procedures for the care of seizures. Please list any additional actions you would like SRSNLC staff to take in the event of a seizure:

1. Call 911 for a seizure lasting more than _____ minutes. (Please Note: Depending on circumstances, SRSNLC staff may disregard this request and instead call 911 immediately)

2. _____

3. _____

Parent/Guardian Signature: _____ **Date:** _____

Please return this completed form along with your Registration Form to the SRSNLC office.

Rev. 1/31/17

ZION REGISTRATION

This form is used to register for ZION Park District programs ONLY. Please return this completed registration form to 2400 Dowie Memorial Drive, Zion, IL 60099. All checks need to be payable to the Zion Park District. For all programs hosted by Waukegan Park District, please fill out their registration form.

Household / Payor Name		Payor Birthdate	
Street Number and Name			Apt / Suite #
City		State	Zip
Primary Phone Number		Secondary Phone Number	
Emergency Contact Person		Emergency Phone	Email
Participant's Name (First & Last)	Birthdate	Program Name	Fee
Total Requested			\$

IMPORTANT INFORMATION

The Special Recreation Services of Northern Lake County and its member districts are committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Special Recreation Services of Northern Lake County continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Special Recreation Services of Northern Lake County to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Special Recreation Services of Northern Lake County including Waukegan and Zion Park Districts, its officials, agents, volunteers and employees (hereinafter collectively referred as SRSNLC).

I do hereby fully release and forever discharge the SRSNLC from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I further agree to indemnify, hold harmless and defend the SRSNLC and its officers, agents, servants and employees from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize SRSNLC Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, assumption or risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for the and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED - If the signature of adult participant or parent/guardian and date are not on this waiver.

Parent / Adult Guardian Signature

Date

Participant Signature (Participant must sign if they are their own legal guardian)

Date



SRSNLC

ZION SEIZURE QUESTIONNAIRE

Office use only: Date Reviewed: _____ Initial: _____

Please complete this form if the participant experiences seizures. **Please update this form whenever there is a change in the seizure information/plan and promptly submit it to SRSNLC.** SRSNLC requests that you review this form once a year and provide any necessary updates.

Participant's Name: _____

Completed by: _____ **Relationship:** _____ **Phone:** () _____

Medication(s):

Participant medication needs are to be noted on their *Annual Information Form* which is available in this SRSNLC brochure. If the participant's medication needs have changed since submission of their *Annual Information Form*, please submit a new form as soon as possible.

A Medication Permission form must be submitted if you are requesting SRSNLC staff to assist with the dispensing of scheduled oral or topical maintenance medication. To obtain a copy of the *Annual Information Form* or *Medication Permission* form, please contact your local SRSNLC office or download a copy of the forms from your local SRSNLC website.

Please note: SRSNLC staff will not administer rectal Diastat or perform any other invasive medical procedures.

1. Please describe a typical seizure: _____

2. Are there any symptoms prior to the onset of the seizure? (i.e. smells, stomach pain, fear, sounds, etc.)

3. What was the date of the participant's last seizure? ___/___/___

4. How long does the typical seizure last? _____

Type of Seizure(s) (Please check all that apply):

- | | | | | | |
|--------------------------|-------------------------|--------------------------|------------------------|--------------------------|----------------|
| <input type="checkbox"/> | Absence (staring spell) | <input type="checkbox"/> | Atonic (Drop) | <input type="checkbox"/> | Simple Partial |
| <input type="checkbox"/> | Complex Partial | <input type="checkbox"/> | Generalized (Gran Mal) | | |
| <input type="checkbox"/> | Other (explain): _____ | | | | |

Seizure Response Plan

In the event of a perceived seizure, SRSNLC staff will follow basic first aid procedures for the care of seizures. Please list any additional actions you would like SRSNLC staff to take in the event of a seizure:

1. Call 911 for a seizure lasting more than _____ minutes. (Please Note: Depending on circumstances, SRSNLC staff may disregard this request and instead call 911 immediately)

2. _____

3. _____

Parent/Guardian Signature: _____ **Date:** _____

Please return this completed form along with your Registration Form to the SRSNLC office.

Rev. 1/31/17

WAUKEGAN FACILITIES

Adaptive Recreation Center.....	540 S. McAlister Avenue, Waukegan (Special Recreation Offices)
Administrative Office (Mailing Address)	1324 Golf Road, Waukegan
Belvidere Recreation Center	412 South Lewis Street, Waukegan
Jane Addams Center	95 Jack Benny Drive, Waukegan
The Field House Sports, Fitness & Aquatics Center	800 N. Baldwin Avenue, Waukegan (In-person registration)
Bevier Center.....	2255 W. Yorkhouse Road, Waukegan
Bowlero.....	631 Lakehurst Road, Waukegan

ZION FACILITIES

Shiloh Center	Emmaus and 27th Street, Zion
Zion Leisure Center.....	2400 Dowie Memorial Drive, Zion
Hermon Park Center	2700 29th Street, Zion
Port Shiloh.....	1523 Shiloh Blvd., Zion
Shepherds Crook Golf Course.....	351 Greenbay Road, Zion
Shiloh Golf Course.....	2300 Bethesda, Zion

Transportation Procedures

- 1. Eligibility Requirements: To be eligible for transportation through Waukegan, registrants must live in Waukegan and be a Waukegan Park District resident. To be eligible for transportation through Zion, registrants must reside in Beach Park, Winthrop Harbor and Zion only.**
2. There is a transportation minimum and maximum. If the minimum number is not reached, no transportation will be provided. Once maximum is reached, participants must provide their own transportation.
3. Late registrants may not have transportation for programs due to routing changes. Participants are notified if a problem occurs.
4. Departure times are set and abided by. If changes occur, participants are notified by phone. Return times may vary because of traffic and/or weather conditions. However, all is done to return on time.
5. Participants unable to be in a house alone should have someone meet the vehicle at the designated time of return. SRSNLC cannot wait more than 10 minutes due to the demanding transportation schedule.
6. Please realize SRSNLC has developed and implemented these transportation procedures to ensure the safety of everyone riding in vehicles. Your cooperation is greatly appreciated.
 - a. Member District Staff are responsible for determining whether or not a participant can be transported safely. If it is determined that it would be dangerous to transport a participant, the driver may refuse to transport that participant. SRSNLC member district staff reserves the right to refuse to transport participants due to a safety concern.
 - b. Member District Staff will assist participants to and from their homes as needed. Driveways and walks ways must be clear of debris and obstacles.
 - c. All passengers must be sitting in seats or wheelchairs with belts securely fastened. The driver will not proceed until all seat belts are fastened.
 - d. All wheelchairs must have brakes that are in good working order and can stop the chair from moving.
 - e. Participants riding in Amigo-type wheelchairs (transport chairs) or Amigo-type scooters must transfer into a van seat and must use a seat belt.

LATE PICK UP FEE:

Participants are to be picked up promptly at the end of a program. A \$1.00 per minute late fee will be assessed for late pick-ups. Late fees are due prior to attending the next program. Please refer to your day camp manual for camp specific late fee policies.

Special Recreation Services of Northern Lake County

Waukegan Park District

Adaptive Recreation Center

1324 Golf Road

Waukegan, IL 60087

847-360-4760

waukeganparks.org/special-recreation/

Zion Park District

Leisure Center

2400 Dowie Memorial Drive

Zion, IL 60099

847-746-5500

847-746-5506 Fax

zionparkdistrict.com/special-recreation/

JOIN THE TEAM!

POSITIONS AVAILABLE IN WAUKEGAN:

- SITE COORDINATORS - DAY PROGRAM
- COUNSELORS - DAY PROGRAM
- SWIM LESSON INSTRUCTORS
- RECREATION AIDES

CONTACT: KROBINSON@WAUKEGANPARKS.ORG
OR 847-360-4763



POSITIONS AVAILABLE IN ZION:

- PROGRAM LEADER
- BUS DRIVER / PROGRAM LEADER FOR 55 & OVER PROGRAM

CONTACT: THAYHURST@ZIONPARKDISTRICT.ORG OR 847-746-5500 EXT. 2444



CHECK OUT AVAILABLE POSITIONS AND APPLY AT WAUKEGANPARKS.ORG/EMPLOYMENT OR ZIONPARKDISTRICT.COM