

SRSNLC

2024 SUMMER PROGRAM GUIDE



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 – **Rec. Program Coordinator** | 847-360-4767
kbenson@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 LOWER LEVEL:	Mon.-Fri. – 6:00am - 9:00pm Saturday – 7:00am - 1:00pm Sunday – 8:00am - 3:00pm

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 pre-approval 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 CAMPS

WAUKEGAN PARK DISTRICT

- All Camps require a \$25.00 non-refundable deposit for each session with an application.
- Following application, all new participants or participants that have not participated in a year or more will need to complete an intake assessment to determine needs. **Not all personal care needs can be met by the District.**
- **Waukegan Park District residents take precedence in registration.** All Non-residents will be put on a waiting list until May 30. Beginning May 31, non-residents can be added into any openings on a first come first serve basis. All application paperwork and deposits must be completed at the time of registration.

CAMPAPALOOZA

Register at: Waukegan Park District

Location: Adaptive Recreation Center - Activity Room A

Age: 6-12 Years

Explore your potential at Campapalooza! Day camp educates the whole child. Counselors offer guidance and fun activities in an environment that changes based on the campers' needs and abilities. Campers will explore Lake County and all it has to offer while building lasting friendships. Sign up for one two-week session or all three. **Free lunch option is available for non-fieldtrip days.**

SESSION 1: *No Camp 6/19

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31102204-1A*	M-F	6/17-6/28	9:00am-3:00pm	\$207R / \$259NR	5/30

SESSION 2: *No Camp 7/4

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31102204-1B*	M-F	7/1-7/12	9:00am-3:00pm	\$207R / \$259NR	6/11

SESSION 3:

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31102204-1C	M-F	7/15-7/26	9:00am-3:00pm	\$230R / \$288NR	6/25



GUARDIAN & CAMPER VIRTUAL ORIENTATION

Location: Virtual through TEAMS

Age: Campers and their guardian

Fee: FREE

Join us for Guardian/Camper VIRTUAL Orientation Night. Meet the staff, ask questions, and receive the Parent Handbook. See information below for date and time! Call 847-360-4760 for more information!

DAY	DATE	TIME
TU	6/11	5:30pm-6:30pm

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.



DOLLAR BILL - Bring Spending Money

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

**See page 23 for all eligibility, rules and procedures for transportation.*

TNT CAMP

Register at: Waukegan Park District

Location: Adaptive Recreation Center - Activity Room B

Age: 13-17 Years

The fuse is lit! TNT Camp is designed for teens with a developmental disability. TNT will explode with days of summer fun! Don't miss out on a summer full of fieldtrips, fitness, swimming, games, crafts, learning about your community, and more. Let us help your teen develop social skills, self-esteem, and enhance his or her physical abilities. **Free lunch option is available for non-fieldtrip days.**

SESSION 1: *No Camp 6/19

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31102204-2A*	M-F	6/17-6/28	9:00am-3:00pm	\$207R / \$259NR	5/30

SESSION 2: *No Camp 7/4

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31102204-2B*	M-F	7/1-7/12	9:00am-3:00pm	\$207R / \$259NR	6/11

SESSION 3:

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31102204-2C	M-F	7/15-7/26	9:00am-3:00pm	\$230R / \$288NR	6/25



WAUKEGAN PARK DISTRICT

ALL-STAR SWIM CAMP

Register at: Waukegan Park District

Location: The Field House, Aquatic Center

Age: 5 through Adult

Fee: \$165R / \$205NR

Take a week to improve your swim skills! Learn the basics of swim safety and have a great time with other swimmers your age.

To attend camp:

- All registrants must complete application for All-Stars Swim Camp
- All registrants must be pre-approved for All-Stars Swim Camp by the program coordinator.
- Must register for and attend an All-Star Swim Camp assessment day, if they have never registered for Special Recreation Swim Lessons before.
- Parent/Guardian of registrant **MUST** attend a virtual orientation on Tuesday, July 16 at 4:00pm
- Please contact Kari at krobinson@waukeganparks.org or 847-360-4763 to receive an application for the camp and to determine eligibility for this camp.

AGES 13 & OLDER:

CODE	DAY	DATE	TIME	REG. DEADLINE
30402210-1A	M-F	7/29-8/2	10:00am-11:00am	7/1

AGES 5 - 8:

CODE	DAY	DATE	TIME	REG. DEADLINE
30402210-2A	M-F	7/29-8/2	12:30pm-1:30pm	7/1

AGES 9 - 12:

CODE	DAY	DATE	TIME	REG. DEADLINE
30402210-3A	M-F	7/29-8/2	2:00pm-3:00pm	7/1



ZION PARK DISTRICT

SPARKLE CAMP

Register at: Zion Park District

Meet at: Shiloh Center, Upper Level

Age: 7-21 Years

Come meet new friends at Sparkle Day Camp! The caring staff will provide great opportunities for fun and adventure in an inclusive environment. Join us for one or more weeks of camp. Individuals must be able to function at a 4:1 ratio and be able to perform personal care needs with minimal assistance. All individuals will be evaluated by SRSNLC once registration is received. Camp packets are available at the Leisure Center, 2400 Dowie Memorial Dr., registration desk.

WEEK	DAY	DATE	TIME	REG. DEADLINE	FEE
Week 1	M-F	6/10-6/14	7:00am-4:00pm	6/7	\$170R/\$213NR
Week 2	M-F	6/17-6/21	7:00am-4:00pm	6/14	\$170R/\$213NR
Week 3	M-F	6/24-6/28	7:00am-4:00pm	6/21	\$170R/\$213NR
Week 4	M-W	7/1-7/3	7:00am-4:00pm	6/28	\$102R/\$128NR
Week 5	M-F	7/8-7/12	7:00am-4:00pm	7/5	\$170R/\$213NR
Week 6	M-F	7/15-7/19	7:00am-4:00pm	7/12	\$170R/\$213NR
Week 7	M-F	7/22-7/26	7:00am-4:00pm	7/19	\$170R/\$213NR
Week 8	M-F	7/29-8/2	7:00am-4:00pm	7/26	\$170R/\$213NR
Week 9	M-F	8/5-8/9	7:00am-4:00pm	8/2	\$170R/\$213NR



YOUTH / DAY PROGRAMS

SENSORY DISCOVERIES

Register at: Waukegan Park District

Location: Adaptive Recreation Center - Sensory Room

Age: 6 & Older

Fee: \$10R / \$13NR per session

Take 30 minutes to unwind in Special Recreation's new sensory room. Discover new coping strategies for anxiety and relaxation.

CODE	DAY	DATE	TIME
31108201-5A	TH	5/23	10:00am-10:30am
31108201-5B	TH	5/23	10:45am-11:15am
31108201-5C	TH	5/23	11:30am-12:00pm
31108201-5D	TH	5/23	1:00pm-1:30pm
31108201-5E	TH	5/23	1:45pm-2:15pm
31108201-5F	TH	5/23	2:30pm-3:00pm
31108201-5G	F	5/24	10:00am-10:30am
31108201-5H	F	5/24	10:45am-11:15am
31108201-5I	F	5/24	11:30am-12:00pm
31108201-5J	F	5/24	1:00pm-1:30pm
31108201-5K	F	5/24	1:45pm-2:15pm

CODE	DAY	DATE	TIME
31108201-8A	TU	8/6	10:00am-10:30am
31108201-8B	TU	8/6	10:45am-11:15am
31108201-8C	TU	8/6	11:30am-12:00pm
31108201-8D	TU	8/6	1:00pm-1:30pm
31108201-8E	TU	8/6	1:45pm-2:15pm
31108201-8F	TU	8/6	2:30pm-3:00pm
31108201-8G	TH	8/8	10:00am-10:30am
31108201-8H	TH	8/8	10:45am-11:15am
31108201-8I	TH	8/8	11:30am-12:00pm
31108201-8J	TH	8/8	1:00pm-1:30pm
31108201-8K	TH	8/8	1:45pm-2:15pm
31108201-8L	TH	8/8	2:30pm-3:00pm

HEART PROGRAM

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 18 & Older

Fee: \$35 per day

Time: 10:00am-2:00pm



****PLEASE NOTE: THE HEART DAY PROGRAM TAKES A BREAK DURING THE SUMMER MONTHS. PLEASE CONTACT THE OFFICE FOR MORE INFORMATION ON HOW TO GET ON A WAITING LIST FOR THE FALL RESTART****

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

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



***The HEART program is currently FULL, but is accepting new applications. Applicants will be put on a waiting list in the order their application is received. 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.**

SOCIALS & OUTINGS

HAPPY HOUR & 1/2

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 13 & Older

Fee: \$5R / \$7NR

Join us for Happy Hour & 1/2! Talk with friends, play games, go on walks & more. **Please bring a drink.**

DAY	DATE	TIME	REG. DEADLINE
W	5/1	10:00am-11:30am	4/26
W	5/15	10:00am-11:30am	5/10
W	6/12	10:00am-11:30am	6/7
W	7/17	10:00am-11:30am	7/12
W	8/21	10:00am-11:30am	8/16

FAMILY SOCIALS

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: Family

Fee: FREE

***Please register each family member that will attend. A guardian and/or another family member over the age of 18 must be present and register for the program.**

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!

REGIONAL TRANSIT AUTHORITY PRESENTATION: 16 & older

*Find out about Dial-A-Ride and other reduced fee transportation options for you or your family members

CODE	DAY	DATE	TIME	REG. DEADLINE
31104404-5A	M	5/6	5:30pm-7:00pm Approximately	4/21

BINGO: Ages 5 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
31104404-6A	F	6/14	5:30pm-6:30pm	6/6

COOKING CHALLENGE: Ages 10 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
31104404-7A	F	7/19	5:30pm-7:30pm	7/1

GROUP GARDEN: Ages 10 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
31104404-8A	F	8/16	5:30pm-6:30pm	8/1

BREAKFAST & MOVIE

Join us for a great breakfast at a local restaurant and then after go catch a flick at a local theater.

Register at: Zion Park District



Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$35R / \$44NR

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

DAY	DATE	TIME	REG. DEADLINE
F	5/3	10:00am-3:00pm	4/26
F	8/23	10:00am-3:00pm	8/16

Register at: Waukegan Park District



Meet at: Field House at 9:30am

Age: 16 & Older

Fee: \$35R / \$44NR

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

CODE	DAY	DATE	TIME	REG. DEADLINE
31104302-8A	F	8/23	9:30am-3:00pm	8/16



SOCIALS & OUTINGS

RESTAURANTEERS

Register at: Waukegan Park District

Restaurant Location: Chili's

Age: 13 & Older

Fee: \$44R / \$55NR *fees are based on menu options at this restaurant

***Transportation is offered for pick up and drop off from home for eligible participants. See page 23 for transportation procedures. If you are not eligible for home pick up and drop off, staff will contact you with a time to meet at the Field House for drop off and pick up.**

Develop your sense of taste as we sample local eateries in the Waukegan area. Enjoy the company of other diners in a relaxed atmosphere as we dine on the local cuisine. Fee includes your meal and transportation to and from the establishment.

CODE	DAY	DATE	TIME	REG. DEADLINE
31104317-5A	TH	5/9	5:30pm-7:00pm	5/1

CHICAGO BOTANIC GARDEN

Come explore the tranquil, aromatic, and colorful Chicago Botanic Garden with its 385 acres of landscaped gardens displaying millions of plants & flowers in a variety of settings. Visit the Model Railroad and Butterflies & Blooms along the way. We will enjoy a relaxing lunch at Chicago Botanic Garden (included).

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$28R / \$35NR

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

DAY	DATE	TIME	REG. DEADLINE
TU	6/11	9:30am-3:30pm	5/24

Register at: Waukegan Park District

Meet at: Field House at 9:30am

Age: 16 & Older

Fee: \$28R / \$35NR

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

CODE	DAY	DATE	TIME	REG. DEADLINE
31104330-6A TU	6/11	9:30am-3:30pm		5/24



LUNCH WITH FRIENDS

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 16 & Older

Fee: \$18R Daily / \$23NR 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	5/17	12:00pm-1:00pm	5/10
F	6/14	12:00pm-1:00pm	6/7
F	7/19	12:00pm-1:00pm	7/12
F	8/16	12:00pm-1:00pm	8/9

SHOW TIME

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 16 & Older

Fee: \$7R Daily / \$9NR Daily

Come enjoy a movie with your friends from SRSNLC! Popcorn & bottled water will be provided.

DAY	DATE	TIME	REG. DEADLINE
F	5/17	1:00pm-3:00pm	5/10
F	6/14	1:00pm-3:00pm	6/7
F	7/19	1:00pm-3:00pm	7/12
F	8/16	1:00pm-3:00pm	8/9

RACINE COUNTY ZOO

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$45R / \$57NR

Come monkey around with your fuzzy, furry, feathery friends at the Racine County Zoo! We will cruise the zoo & see some of the most amazing animals that Mother Nature has to offer. Lunch at the Reefpoint Brewhouse is included. **Don't forget to wear good walking shoes & sunscreen. Transportation home is for residents of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
TU	6/25	9:30am-3:30pm	6/14



SOCIALS & OUTINGS

DANCE AT DUSK

Come rock the neighborhood while dancing under the stars, enjoying refreshments, and socializing with friends at the Zion Park District lagoon patio! Everyone will receive a door prize.

Dance will be moved indoors in case of inclement weather.

Register at: Zion Park District

Location: Shiloh Center, Patio

Age: 13 & Older

Fee: \$25R / \$32NR

DAY	DATE	TIME	REG. DEADLINE
F	6/21	6:00pm-8:00pm	5/24

Register at: Waukegan Park District



Meet at: Field House at 5:15pm

Age: 13 & Older

Fee: \$29R / \$37NR

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

CODE	DAY	DATE	TIME	REG. DEADLINE
31104319-1A	F	6/21	5:15pm-9:00pm	5/24

RACINE COUNTY FAIR



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$38R / \$48NR

Bring a friend and let's go spend the day at the Racine County Fair in Union Grove, WI. Fee includes admission & lunch. **Don't forget to wear good walking shoes & sunscreen. Transportation home is for residents of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
F	7/26	9:00am-3:00pm	7/12

SHALOM WILDLIFE ZOO



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$50R / \$63NR

With its 4 miles of gravel roads, Shalom Wildlife Zoo is home to 81 species and more than 800 animals. Shalom offers a unique twist from a typical zoo experience. Many animal residents have large natural habitats, which gives you an atmosphere of more like a park. Dubbed "America's largest petting zoo", you'll have the chance to pet and feed many different species. Lunch at the Zoo, animal feed & golf cart rental included. **Don't forget to wear good walking shoes & sunscreen. Transportation home is for residents of Zion, Winthrop Harbor & Beach Park only.**

DAY	DATE	TIME	REG. DEADLINE
W	8/7	9:00am-4:00pm	7/24

SUMMER LUNCHEON

Register at: Zion Park District

Location: Shiloh Center, Lower Level

Age: 18 & Older

Fee: \$20R / \$25NR

Come celebrate the summer season with a catered lunch from El Lago & entertainment! Doors open at 9:45am.

DAY	DATE	TIME	REG. DEADLINE
W	8/14	10:00am-12:00pm	7/31

CELEBRATE GOOD TIMES - PARADE WALK

Register at: Waukegan Park District

Location: Adaptive Recreation Center at 10:30am

Age: All Ages - **Under 18 must walk with a guardian**

Fee: FREE

This is your chance to strut your stuff in the Waukegan Park District American Independence Parade. Walk, sing, dance, and cheer because you represent SRSNLC. Participants will help decorate the van, and walk down Sheridan Road in the parade. **Transportation is NOT provided. Please bring snacks, sunscreen, and wear a good pair of walking shoes.**

CODE	DAY	DATE	TIME	REG. DEADLINE
31104313-7A	SU	6/30	10:30am-2:30pm	6/16



KENOSHA KINGFISH BASEBALL



Register at: Waukegan Park District

Meet at: Field House at 5:00pm

Age: 18 & Older

Fee: \$35R / \$44NR

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

Take me out to the ballgame. Join us as we watch the Kenosha Kingfish crush the competition.

CODE	DAY	DATE	TIME	REG. DEADLINE
31104328-7A	F	7/12	5:00pm-9:45pm	4/26

SPORTS & FITNESS

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	5/7	12:00pm-1:00pm	5/3
TU	5/21	12:00pm-1:00pm	5/17
TU	6/18	12:00pm-1:00pm	6/14
TU	7/9	12:00pm-1:00pm	7/5
TU	7/23	12:00pm-1:00pm	7/19
TU	8/6	12:00pm-1:00pm	8/2

TIME TO SPARE BOWLING

Register at: Waukegan Park District

Location: Bowlero, Fountain Square

Age: 13 & Older

Fee: \$115R / \$144NR

Do you have some time to spare for a friendly frame or two? Bowling can help improve hand-eye coordination, strength, flexibility, and gross motor skills. The fee includes two games of bowling and rental shoes. **No food will be permitted during program time.** *End times are approximate. This is dependent on individuals bowling speed and numbers we are allowed to have on each lane.

CODE	DAY	DATE	TIME	REG. DEADLINE
31101303-5A	W	5/8-7/17	4:45pm-6:00pm	5/1
*No program on 6/19			Approximately	

SPECIAL RECREATION SWIM LESSONS: FOR YOUTH AND ADULTS WITH DISABILITIES

Register at: Waukegan Park District

Location: Field House, Waukegan

Age: 5 & Older

Fee: \$66R / \$76NR

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 for 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 five 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 waitlist 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 11:20am-1:00pm.

CODE	DAY	DATE	TIME	REG. DEADLINE
30402205-1A	SA	5/4-6/15	9:00am-9:30am	4/21
30402205-1B	SA	5/4-6/15	9:35am-10:05am	4/21
30402205-1C	SA	5/4-6/15	10:10am-10:40am	4/21
30402205-1D	SA	5/4-6/15	10:45am-11:15am	4/21
30402205-1E	SA	5/4-6/15	11:20am-11:50am	4/21
30402205-1F	SA	5/4 6/15	11:55am-12:25pm	4/21
30402205-1G	SA	5/4-6/15	12:30pm-1:00pm	4/21

***No lessons on 6/8**



CLUB WELLNESS - TRIAL

Register at: Waukegan Park District

Location: Adaptive Recreation Center - Multipurpose Room

Age: 13 & Older

Fee: \$20R / \$25NR

Take this chance to learn about Club Wellness. Learn how to set goals for overall wellness and have friends to help keep you accountable.

CODE	DAY	DATE	TIME	REG. DEADLINE
31101317-7B	M	7/8 & 7/15	10:00am-11:30am	6/30

SPORTS & FITNESS

*Please note that if an athlete scratches after the Special Olympics scratch deadline date the penalty is \$50 per athlete. It will be the athlete's responsibility to pay the penalty.

*Any athlete under the age of 18 must stay with a parent for any overnight Special Olympic Events. Parents are responsible for securing and paying for their own hotel fees. Please see overnight trip policies for eligibility requirements for those 18 years and older on page 4.

ALL-STAR VOLLEYBALL TEAM

Register at: Waukegan Park District

Location: The Field House

Age: 15 & Older

Fee: \$90R / \$113NR

Bump, Set, Spike! Grab your friends and get ready to compete. Practice your serve and improve your digging skills as we compete against other local Special Recreation Associations. We anticipate that we will be participating in the Special Olympics Tournament in September and the TRS Tournament in October. **A Medical Form and Athlete Consent for Special Olympics must be on file and current, if planning to compete.**

CODE	DAY	DATE	TIME	REG. DEADLINE
31101311-7A	TU	7/23-9/24	6:30pm-8:00pm	7/1

SPECIAL OLYMPICS BOWLING TOURNAMENT

Register at: Waukegan Park District

Location: Addison, IL

Age: 8 & Older

Fee: \$38R / \$48NR

Reg. Deadline: July 7, 2024 ****NO exceptions****

Show off your bowling skills at the Special Olympics Bowling Tournament in Addison. Lunches will NOT be provided to athletes. **To register for this program, participants must have registered for Time to Spare Bowling Sessions in either Winter/Spring or Summer 2024. A Medical Form and Athlete Consent for Special Olympics must be on file and current, if planning to compete.**

CODE	DAY	DATE	TIME
31101310-1A	SA	8/10	7:00am-4:00pm

ALL-STAR BOCCE BALL

Register at: Waukegan Park District

Location: Rose Park - Bocce Courts

For inclement weather meet at the Belvidere Recreation Center

Age: 8 & Older

Fee: \$75R / \$94NR

This is a lifelong sport where everyone can participate. Athletes may compete in singles or doubles. No experience necessary, just a desire to play. Please contact us for more information or with any questions. **A Medical Form and Athlete Consent for Special Olympics must be on file and current, if planning to compete.**

CODE	DAY	DATE	TIME	REG. DEADLINE
31101305-8A	M	8/19-10/7	5:00pm-6:00pm	8/1

***No program 9/2**

YOGI-STRETCH

Register at: Waukegan Park District

Location: Adaptive Recreation Center - Multipurpose Room

Age: 13 & Older

Fee: \$10R / \$13NR

Stretch out your stress. Moves are based on stretching all muscles in the body, much like yoga. Learn ways to improve mindfulness, flexibility, and strength.

CODE	DAY	DATE	TIME	REG. DEADLINE
31101317-7A	TH	7/11-7/25	6:00pm-6:45pm	7/3



DRUMTASTIC!

Register at: Waukegan Park District

Location: Adaptive Recreation Center - Multipurpose Room

Age: 13 & Older

Fee: \$19R / \$24NR

The rhythm is gonna get you! Pound your way to health in this interactive fitness program. Drumming is the newest craze in fitness. Participants will drum to the rhythm while getting a total body work-out. Leave your seat and get with the beat! Family members are welcome to register and participate too. Please register each member of the family separately.

CODE	DAY	DATE	TIME	REG. DEADLINE
31101317-8A	W	8/7-8/28	6:00pm-6:45pm	7/30



ARTS & CRAFTS

ARTSY FARTSY

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 10 & Older

Fee: \$20R / \$25NR

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
W	5/29	10:30am-12:00pm	5/17

GREEN THUMB GARDEN CLUB



Register at: Waukegan Park District

Location: Adaptive Recreation Center - Garden

Age: 13 & Older

Fee: \$15R (\$28 w/Transportation) / \$19NR

"Adopt the pace of nature: her secret is patience" - Ralph Waldo Emerson

This program is your chance to get your hands dirty and find out if you have a green thumb. Help Special Recreation cultivate its new backyard garden. You have the chance to be the roots of our new garden! **Participants will meet inside of the facility if there is inclement weather. *Transportation is offered home for eligible participants. See page 23 for transportation procedures.**

CODE	DAY	DATE	TIME	REG. DEADLINE
31103302-6A	M	6/10 & 6/17	2:00pm-3:00pm Approximately	6/2



ART STUDIO

Register at: Waukegan Park District

Location: Adaptive Recreation Center - Art Room

Age: 13 & Older

"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!

SNACK & PAINT



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

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31103302-5A	TH	5/16	5:30pm-7:30pm	\$19R (\$23 w/transportation) / \$24NR	5/1

CRICUT CREATIONS

CODE	DAY	DATE	TIME	FEE	REG. DEADLINE
31103302-8A	M	8/5 & 8/12	6:00pm-6:45pm	\$21R / \$27NR	7/21

I CAN COOK

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

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

ALL TIMES ARE APPROXIMATE.

Register at: Waukegan Park District



Location: Adaptive Recreation Center - Kitchen

Age: 13 & Older

Fee: \$15R (\$19 w/transportation) / \$19NR **Per Session**

***Transportation is offered home for eligible participants.**

See page 23 for transportation procedures.

BRUNCH BONANZA

CODE	DAY	DATE	TIME	REG. DEADLINE
31106301-5A	TH	5/2	10:00am-12:00pm	4/24

DELICIOUS DISHES

CODE	DAY	DATE	TIME	REG. DEADLINE
31106301-6A	TH	6/13	5:30pm-7:30pm	6/5

SNACK SENSATIONS

CODE	DAY	DATE	TIME	REG. DEADLINE
31106301-7A	M	7/22	1:00pm-3:00pm	7/14

SWEET TREATS

CODE	DAY	DATE	TIME	REG. DEADLINE
31106301-8A	TH	8/22	5:30pm-7:30pm	8/14

Register at: Zion Park District



Meet at: Shiloh Center

Age: 13 & Older

Fee: \$15R / \$19NR **Per Session**

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

BRUNCH BONANZA

DAY	DATE	TIME	REG. DEADLINE
TH	5/2	9:30am-12:30pm	4/24

DELICIOUS DISHES

DAY	DATE	TIME	REG. DEADLINE
TH	6/13	5:00pm-8:00pm	6/5

SNACK SENSATIONS

DAY	DATE	TIME	REG. DEADLINE
M	7/22	12:30pm-3:30pm	7/14

SRSNLC ART FAIR

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: All

Fee: FREE

Come see our talented artists work on showcase! View pieces from our talented artists from the HEART program, Art Studio, and Summer Day Camp participants. This program is an open house style event. There will be an art activity and refreshments included. **Please contact kbenson@waukeganparks.org if you would like to submit some of your art work to the fair by August 15.**

DAY	DATE	TIME
TH	8/29	Approximately 5:30pm-7:00pm

FREE WAUKEGAN PARK DISTRICT PROGRAMS

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

AMERICAN INDEPENDENCE PARADE

Location: Sheridan Road

Age: All

Fee: Free

The parade is scheduled to step off at 1:00pm at Sheridan Road and Franklin Avenue and travel north on Sheridan Road. The parade officially ends at Jack Benny Drive and Sheridan Road. **This is a FREE event!**

DAY	DATE	START TIME
SU	6/30	1:00pm



COMMUNITY YARD SALE

Location: Bowen Park

Age: Family

Fee: Free

Find your new treasures at this community yard sale! If you want to be a seller contact Jen Dumas at 847-360-4705 for more information.

DAY	DATE	TIME
SA	7/20	9:00am-2:00pm



TOUCH A TRUCK & NATIONAL NIGHT OUT

Location: Waukegan Municipal Beach

Age: Family

Fee: Free

This hands-on event is sure to be a crowd pleaser. Children and adults can explore upwards of 20 diverse types of large vehicles from various businesses, including: vehicles from police departments, fire departments, towing companies, landscaping businesses, and more. This event is fun for all ages.

DAY	DATE	TIME
F	8/9	5:00pm-8:00pm



FREE ZION PARK DISTRICT PROGRAMS

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

2024 ZION PARK DISTRICT CONCERT IN THE PARK SERIES

Location: Zion Park District Band Shell

Age: Family

Fee: Free

Bring the family & come join the Zion Park District for its Summer Concert in the Park Series. The concerts will be held on Thursday evenings 7:00pm-8:30pm, at the Zion Park District Band shell, located immediately adjacent to the Zion Leisure Center, 2400 Dowie Memorial Dr., Zion. **Bring your own picnic dinner, lawn chairs or blankets. For the comfort of all attendees please refrain from smoking, vaping, drug & alcohol consumption. Pets are prohibited on concert grounds. Please visit the Zion Park District Facebook page or zionparkdistrict.com for updates. This is a free event, no registration required.**

6/20	Too Hype Crew	80's & 90's Hip Hop
6/27	The Boy Band Night	90's Tribute

INDEPENDENCE DAY CELEBRATION

7/4 Mellencougar John Mellencamp Tribute
Music 7:30-9:30pm, Food Vendors 6:00pm-9:30pm, Fireworks at 9:30pm

7/11	Lady A	Old School R&B
7/18	Cielito Lindo	Mariachi
7/25	John Primer & Real Deal	Blues Band
8/1	Judson Brown Band	Pop, Rock, Country
8/8	Mike & Joe	Modern Rock

Laser Light Show Following Concert

zion
Park District



Enjoy a fun evening outdoors with **FREE** live music!



GOZION

Go Zion is designed to help our community become healthier and active. The Zion Park District has partnered with the Lake County Health Department on a county wide initiative to improve the health of Lake County residents. Live Well Lake County is promoting the simple act of walking, 30 minutes a day, as a means to improve health. Join us and your neighbors in walking your way to better health! **This walk is a FREE family event.** Strollers are welcome. No pets please.

June 1	Leisure Center, 2400 Dowie Memorial Dr.
July 20	Hermon Park, 2700 29th Street
August 24	Leisure Center, 2400 Dowie Memorial Dr.
September 14	Hermon Park, 2700 29th Street



Zion Park District is hosting a FREE Pokemon Go Event; we will have raffle prizes and more. This event will be hosted at the Leisure Center; it has a lot of stops and gyms nearby. We will have the place lured up to have some exciting Pokemon to show up.

Saturday, July 27
 10:00am
 Meet at the Leisure Center
 2400 Dowie Memorial Dr, Zion

Raffle Tickets: \$1 gives you 1 raffle ticket

Pokemon Trainer VIP Tickets: \$5 gives you 7 raffle tickets



Annual Information Form 2024

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

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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.

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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).

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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.



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.

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

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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.

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WAUKEGAN FACILITIES

Adaptive Recreation Center..... (Special Recreation Offices)	540 S. McAlister Avenue, Waukegan
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..... (In-person registration)	800 N. Baldwin Avenue, Waukegan
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 5 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 & DAY CAMP
- COUNSELORS - DAY PROGRAM & DAY CAMP
- SWIM LESSON INSTRUCTORS
- RECREATION AIDES
- RECREATION DRIVER

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



POSITIONS AVAILABLE IN ZION:

- PROGRAM LEADER
- DAY CAMP COUNSELOR
- 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