



SRSNLC

2025 WINTER SPRING PROGRAM GUIDE



MEETING UNIQUE
NEEDS



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.

Table of Contents

SRSNLC Information.....	2
SRSNLC Policies & Wellness Guide.....	3
SRSNLC Overnight Trip Policy.....	4
SRSNLC Code of Conduct & Sports.....	5
Day Programs	6-7
Socials & Outings.....	7-11
Sports & Fitness.....	12-14
Arts & Crafts.....	14-15
Summer Camps.....	15-16
Waukegan Park District Programs.....	16
SRSNLC Annual Information Form	17-19
SRSNLC Seizure Questionnaire.....	20
SRSNLC Waukegan Registration.....	21
SRSNLC Zion Registration	22
SRSNLC Facility Directory & Transportation Procedures	23

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 PROGRAMS

WAUKEGAN PARK DISTRICT



SENSORY DISCOVERIES

Register at: Waukegan Park District

Location: Adaptive Recreation Center (ARC)

Age: 6 & Older

Fee: \$10R / \$13NR

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

JANUARY

CODE	DAY	DATE	TIME	REG. DEADLINE
21108201-1A	TH	1/16	1:00pm-1:30pm	1/8
21108201-1B	TH	1/16	1:45pm-2:15pm	1/8
21108201-1C	TH	1/16	2:30pm-3:00pm	1/8
21108201-1D	TH	1/16	3:15pm-3:45pm	1/8
21108201-1E	TH	1/16	4:00pm-4:30pm	1/8
21108201-1F	TH	1/16	4:45pm-5:15pm	1/8

FEBRUARY

CODE	DAY	DATE	TIME	REG. DEADLINE
21108201-2A	TU	2/18	1:00pm-1:30pm	2/10
21108201-2B	TU	2/18	1:45pm-2:15pm	2/10
21108201-2C	TU	2/18	2:30pm-3:00pm	2/10
21108201-2D	TU	2/18	3:15pm-3:45pm	2/10
21108201-2E	TU	2/18	4:00pm-4:30pm	2/10
21108201-2F	TU	2/18	4:45pm-5:15pm	2/10

MARCH

CODE	DAY	DATE	TIME	REG. DEADLINE
21108201-3A	M	3/24	10:00am-10:30am	3/16
21108201-3B	M	3/24	10:45am-11:15am	3/16
21108201-3C	M	3/24	11:30am-12:00pm	3/16
21108201-3D	M	3/24	1:00pm-1:30pm	3/16
21108201-3E	M	3/24	1:45pm-2:15pm	3/16
21108201-3F	M	3/24	2:30pm-3:00pm	3/16
21108201-3G	W	3/26	10:00am-10:30am	3/18
21108201-3H	W	3/26	10:45am-11:15am	3/18
21108201-3I	W	3/26	11:30am-12:00pm	3/18
21108201-3J	W	3/26	1:00pm-1:30pm	3/18
21108201-3K	W	3/26	1:45pm-2:15pm	3/18
21108201-3L	W	3/26	2:30pm-3:00pm	3/18

APRIL

CODE	DAY	DATE	TIME	REG. DEADLINE
21108201-4A	M	4/7	2:15pm-2:45pm	3/30
21108201-4B	M	4/7	3:00pm-3:30pm	3/30
21108201-4C	M	4/7	3:45pm-4:15pm	3/30
21108201-4D	M	4/7	4:30pm-5:00pm	3/30



DAY PROGRAMS

*The HEART program is FULL at this time. However, **WE ARE CURRENTLY ACCEPTING NEW APPLICATIONS FOR THE PROGRAM.** Participants will be entered onto a waitlist in the order their application is received. To learn more about this program please contact **Maria Owens at 847-360-4764** or email **mowens@waukeganparks.org**.

H.E.A.R.T. PROGRAM

Register at: Waukegan Park District

Location: Adaptive Recreation Center (ARC)

Age: 18 & Older

Program Fee: \$35 per day

Please contact Maria for more information

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**ealth, **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.



SOCIALS & OUTINGS

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	1/17	12:00pm-1:00pm	1/6
F	2/14	12:00pm-1:00pm	2/3
F	3/14	12:00pm-1:00pm	3/3
F	4/11	12:00pm-1:00pm	3/31

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! Fee includes popcorn & bottled water.

DAY	DATE	TIME	REG. DEADLINE
F	1/17	1:00pm-3:00pm	1/6
F	2/14	1:00pm-3:00pm	2/3
F	3/14	1:00pm-3:00pm	3/3
F	4/11	1:00pm-3:00pm	3/31

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 & ½! Talk with friends, play games, go on walks & more. **Please bring a drink.**

DAY	DATE	TIME	REG. DEADLINE
W	1/22	10:00am-11:30am	1/17
W	3/5	10:00am-11:30am	2/28
W	4/2	10:00am-11:30am	3/28
W	4/23	10:00am-11:30am	4/18

Wii BOWLING

Register at: Zion Park District

Location: Shiloh Center, West Room

Age: 13 & Older

Fee: \$12R per session / \$15NR per session

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	2/6-3/6	10:00am-12:00pm	1/31
*No Wii Bowling 2/13			
Th	3/27-4/24	10:00am-12:00pm	3/21
*No Wii Bowling 4/10			

FAMILY SOCIALS

Register at: Waukegan Park District

Location: Adaptive Recreation Center (ARC)

Age: Family

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!

COCOA & CRAFTS: Ages 5 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
21104404-1A	F	1/17	6:00pm-7:00pm	1/9

SRSNLC FAMILY TRIVIA NIGHT: Ages 10 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
21104403-3A	F	3/14	5:30pm-6:30pm	2/29

RESOURCE NIGHT

Caretaker Workshop: Adult Guardianship & Alternatives

Participant Activity: I-Spy Egg Hunt - Ages 5 & Older

CODE	DAY	DATE	TIME	REG. DEADLINE
21104403-4A	W	4/2	4:30pm-6:00pm approximate	3/18



WINTER LUNCHEON

Register at: Zion Park District

Location: Shiloh Center, West Room

Age: 18 & Older

Fee: \$20R / \$25NR

Come celebrate the winter season with a fabulous catered meal from The Shanty & live entertainment! Doors open at 9:45am.

DAY	DATE	TIME	REG. DEADLINE
W	2/5	10:00am-12:00pm	1/17

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.**

SOCIALS & OUTINGS

PEOPLE'S CHOICE FAMILY FUN CENTER

Come have loads of fun at People's Choice Family Fun Center. Lunch will be at Quonset Pizza prior to our fun session. Fee includes lunch, 60 tokens & transportation. Individuals are able to purchase more tokens at their own expense.

Register at: Waukegan Park District



Meet at: The Field House at 11:00am

Age: 16 & Older

Fee: \$30R / \$38NR

**See page 23 for eligibility for transportation home from the event.*

CODE	DAY	DATE	TIME	REG. DEADLINE
21104330-1A	F	1/24	11:00am-3:00pm	1/10

Register at: Zion Park District



Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$30R / \$38NR

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

DAY	DATE	TIME	REG. DEADLINE
F	1/24	10:45am-3:00pm	1/10

HOLOCAUST MUSEUM



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 18 & Older

Fee: \$55R / \$69NR

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

Let's visit the Holocaust Museum in Skokie. The Museum is dedicated to preserving the legacy of the Holocaust by honoring the memories of those who were lost, and by teaching universal lessons that combat hatred, prejudice, and indifference. We will have lunch at The Cheesecake Factory prior to our journey to the museum. Fee includes lunch, admission and transportation.

DAY	DATE	TIME	REG. DEADLINE
W	2/19	10:15am-5:00pm	1/31

SRSNLC'S ANNUAL VALENTINE'S DANCE

Love is back in the air! Dance the night away while the DJ spins the hits. Refreshments will be served, and everyone receives a Valentine's keepsake.

Register at: Waukegan Park District

Location: Belvidere Recreation Center

Age: 13 & Older

Fee: \$25R / \$32NR

**See page 23 for eligibility for transportation home from the event.*

CODE	DAY	DATE	TIME	REG. DEADLINE
21104315-1A	F	2/7	6:30pm-8:30pm	1/16

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$25R / \$32NR

DAY	DATE	TIME	REG. DEADLINE
F	2/7	6:00pm-9:00pm	1/16



SOCIALS & OUTINGS

BREAKFAST & A MOVIE

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

Register at: Waukegan Park District



Meet at: Field House at 9:30am

Age: 16 & Older

Fee: \$35R / \$44NR

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

CODE	DAY	DATE	TIME	REG. DEADLINE
21104302-2A	F	2/21	9:30am-3:00pm approximate	2/7
21104302-4A	F	4/4	9:30am-3:00pm approximate	3/21

Register at: Zion Park District



Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$35R / \$44NR

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

DAY	DATE	TIME	REG. DEADLINE
F	2/21	10:00am-3:00pm	2/7
F	4/4	10:00am-3:00pm	3/21

WINDY CITY BULLS GAME

Another great season of Windy City Bulls in Chicago has begun. See the leaders of the NBA G League. You might recognize some of your favorites from March Madness 2024. Come with SRSNLC & WSRA to see the Windy City Bulls crush the Capital City Go-Gos.

***Concessions and Souvenirs at the All-State Arena have gone CASHLESS! Please make sure to come with a credit card or reloadable purchasing card.**

Register at: Waukegan Park District



Meet at: The Field House at 3:00pm

Age: 18 & Older

Fee: \$44R / \$55NR This is a base fee, there are add-on fees for food vouchers and souvenirs, if needed.

***See page 23 for transportation procedures. Please drop-off at the Field House. Pick-up is at the Field House for non-residents.**

CODE	DAY	DATE	TIME	REG. DEADLINE
21104304-1A	Sa	2/22	3:00pm-9:30pm approximate	1/24



RESTAURANTEERS



Register at: Waukegan Park District

Location: Buffalo Wild Wings, Fountain Square

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
21104317-3A	TH	3/6	5:30pm-7:00pm	2/26

SOCIALS & OUTINGS

PINS AND LUNCH

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$35R / \$44NR

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

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.

DAY	DATE	TIME	REG. DEADLINE
F	3/7	10:45am-3:30pm	2/14



NSSRA SPRING FORMAL

Register at: Waukegan Park District

Meet at: The Field House at 6:00pm

Age: 13 & Older

Fee: \$35R / \$44NR *fees are based on menu options at this restaurant

***Transportation is offered home for eligible participants. See page 23 for transportation procedures. Please drop-off at the Field House. Pick-up is at the Field House.**

Dance the night away at this formal affair. Please eat dinner before as only light refreshments are served. Please dress appropriately: Dresses and ties are encouraged!

CODE	DAY	DATE	TIME	REG. DEADLINE
21104305-4A	F	4/11	6:00pm-9:00pm	3/13

GROOVEFEST

Let's grove on over to SRACLC for the annual Groovefest! Don't forget to wear your most psychedelic outfit to WOW everyone! Snacks & drinks will be served at the dance.

Register at: Waukegan Park District 

Meet at: Field House at 5:45pm

Age: 13 & Older

Fee: \$32R / \$40NR

***Transportation is offered home for eligible participants. See page 23 for transportation procedures. Please drop-off at the Field House. Pick-up is at the Field House for non-residents.**

Register at: Zion Park District 

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$32R / \$40NR

DAY	DATE	TIME	REG. DEADLINE
F	4/25	5:45pm-9:15pm	3/31

CODE	DAY	DATE	TIME	REG. DEADLINE
21104305-4B	F	4/25	5:45pm-9:15pm	3/31

SPORTS & FITNESS

SPECIAL RECREATION SWIM LESSONS: FOR YOUTH AND ADULTS WITH DISABILITIES

Register at: Waukegan Park District

Location: Field House, Aquatics Area

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 around the individual swimmer. 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-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 if you have not done swim lessons with us before or if it's been over a year.

Any swimmers that request the therapy pool will need to select a session running 11:20am-1:00pm or after.

INDIVIDUAL SWIMMERS

CODE	DAY	DATE	TIME	REG. DEADLINE
20402205-1A	SA	1/11-2/15	9:00am-9:30am	12/28
20402205-1B	SA	1/11-2/15	9:35am-10:05am	12/28
20402205-1C	SA	1/11-2/15	10:10am-10:40am	12/28
20402205-1D	SA	1/11-2/15	10:45am-11:15am	12/28
20402205-1E	SA	1/11-2/15	11:20am-11:50am	12/28

SWIMMER W/GUARDIAN ASSISTANCE

20402205-1F	SA	1/11-2/15	11:55am-12:25pm	12/28
20402205-1G	SA	1/11-2/15	12:30pm-1:00pm	12/28

INDIVIDUAL SWIMMERS *No program on 3/22 or 4/19

20402205-2A	SA	3/8-4/26	9:00am-9:30am	2/22
20402205-2B	SA	3/8-4/26	9:35am-10:05am	2/22
20402205-2C	SA	3/8-4/26	10:10am-10:40am	2/22
20402205-2D	SA	3/8-4/26	10:45am-11:15am	2/22
20402205-2E	SA	3/8-4/26	11:20am-11:50am	2/22

SWIMMER W/GUARDIAN ASSISTANCE *No program on 3/22 or 4/19

20402205-2F	SA	3/8-4/26	11:55am-12:25pm	2/22
20402205-2G	SA	3/8-4/26	12:30pm-1:00pm	2/22

TIME TO SPARE BOWLING

Register at: Waukegan Park District

Location: Bowlero, Fountain Square

Age: 13 & Older

Fee: \$115R / \$160NR

Participants are responsible for purchasing their own beverages and food. Bowlero does not allowed outside food or drinks.

Do you have some 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.

End times are approximate. There are two time slots available. You may only register for time slot.

CODE	DAY	DATE	TIME	REG. DEADLINE
21101303-1A	W	1/15-3/19	4:15pm-5:15pm	1/9
21101303-2A	W	1/15-3/19	5:30pm-6:30pm	1/9

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.



FITNESS SAMPLER

Register at: Waukegan Park District

Location: Adaptive Recreation Center (ARC)

Age: 13 & Older

Fee: Free

Take a few weeks to find the right fitness style for you. Each week will be a different fitness activity, to help you learn what you like best. Family members 13 years and older can register and join too.

CODE	DAY	DATE	TIME	REG. DEADLINE
21101317-1A	W	4/9-4/30	6:00pm-6:45pm	4/1

FIT FUN

Register at: Zion Park District

Meet at: 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	1/7	12:00pm-1:00pm	1/3
TU	1/21	12:00pm-1:00pm	1/17
TU	2/4	12:00pm-1:00pm	1/31
TU	2/18	12:00pm-1:00pm	2/14
TU	3/4	12:00pm-1:00pm	2/28
TU	4/8	12:00pm-1:00pm	4/4
TU	4/22	12:00pm-1:00pm	4/18

*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. Athletes may compete in multiple sports; however, they MUST COMMIT to their team sport if they qualify for state in multiple sports.

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

ALL-STAR SWIM TEAM

Register at: Waukegan Park District

Location: The Field House; Aquatics Area

Age: 8 & Older

Fee: \$75R / \$94NR

Dive on in! Swimming is a low impact exercise that focuses on endurance and stamina. Weekly practices will help you improve your abilities. Those with valid Special Olympic paperwork on file may have the chance to compete in a swim meet in March.

To compete in the Special Olympics competition participants must:

- Be able to swim 25 yards (1 length of the Field House pool) without assistance and without stopping
- Be able to tread water for 30 seconds
- Be able to float on their back for 10 seconds
- Be able to go under the water without plugging their nose or using a nose plugging device
- Have a Medical Form for Special Olympics on file and current

CODE	DAY	DATE	TIME	REG. DEADLINE
21101320-1A	M	1/27-3/24	5:00pm-6:00 pm	1/19

*No Practice on 2/17

SPORTS & FITNESS

ALL-STAR TRACK & FIELD

Register at: Waukegan Park District

Location: The Field House and Weiss Field

Age: 8 & Older

Fee: \$75R / \$94NR

Lace up those athletic shoes and meet us at the track. Athletes can choose from a variety of events in which to compete and will train for the Regional Meet. Gold Medal Winners from the Special Olympics Tournament in May will proceed to the Special Olympics Summer Games in June.

A Medical Form for Special Olympics must be on file and current if planning to compete.

CODE	DAY	DATE	TIME	REG. DEADLINE
21101306-1A	TU	3/11-5/6	5:00pm-6:00pm	3/3

ALL-STAR TENNIS

Register at: Waukegan Park District

Location: Upton Park Tennis Courts

Age: 8 & Older

Fee: TBD

Serve your way into the summer and join SRSNLC in a game or two. Whether you are a beginner or an old pro, this program will help you get ready to compete. Please contact us for more information or with any questions.

A Medical Form for Special Olympics must be on file and current if planning to compete. We will only be competing Match Play this year. Individuals wanting to compete in Tennis Skills through Special Olympics, must get their own coach.

Watch for Day, Dates, and Times in the Summer Brochure!

ARTS & CRAFTS

ARTSY FARTSY

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 13 & 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
TU	1/28	10:30am-12:00pm	1/17

IN THE ART STUDIO

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 13 & Older

Fee: \$21R / \$27NR

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

Activate your brain in these art sessions and experience the benefits of art!

CRICUT CREATIONS

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
21103302-1A	TH	1/23 & 1/30	6:00pm-6:45pm approximate	1/15	\$20R / \$25NR

INTRODUCTION TO DRAWING

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
21103302-2A	TH	2/6-2/27	6:00pm-7:00pm	1/22	\$40R / \$50NR

COLOR ME CALM

CODE	DAY	DATE	TIME	REG. DEADLINE	FEE
21103302-3A	TH	3/20	6:00pm-6:45pm	3/12	\$15R / \$19NR
21103302-4A	TH	4/3	6:00pm-6:45pm	3/26	\$15R / \$19NR



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

Location: Adaptive Recreation Center (ARC)

Age: 13 & Older

Fee: \$15R / \$19NR

LOONEY LUNCHTIME

CODE	DAY	DATE	TIME	REG. DEADLINE
21106301-1A	F	1/31	11:30am-1:30pm	1/23

BREAKFAST BONANZA

CODE	DAY	DATE	TIME	REG. DEADLINE
21106301-2A	F	2/28	10:00am-12:00pm	2/20

SWEET TREATS

CODE	DAY	DATE	TIME	REG. DEADLINE
21106301-3A	F	3/28	1:00pm-3:00pm	3/20

DELICIOUS DISH

CODE	DAY	DATE	TIME	REG. DEADLINE
21106301-4A	TH	4/24	5:30pm-7:00pm	4/16

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$15R / \$19NR

LOONEY LUNCHTIME

DAY	DATE	TIME	REG. DEADLINE
F	1/31	11:00am-2:00pm	1/23

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

BREAKFAST BONANZA

DAY	DATE	TIME	REG. DEADLINE
F	2/28	9:30am-12:30pm	2/20

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

SWEET TREATS

DAY	DATE	TIME	REG. DEADLINE
F	1/28	12:30pm-3:30pm	3/20

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

SUMMER DAY CAMPS

SPARKLE DAY CAMP

Register at: Zion Park District

Location: 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	6/9-6/13	7:00am-4:00pm	6/6	\$170R/\$213NR
Week 2	M-F	6/16-6/20	7:00am-4:00pm	6/13	\$170R/\$213NR
Week 3	M-F	6/23-6/27	7:00am-4:00pm	6/20	\$170R/\$213NR
*No camp the week of 6/30-7/5					
Week 4	M-F	7/7-7/11	7:00am-4:00pm	7/3	\$170R/\$213NR
Week 5	M-F	7/14-7/18	7:00am-4:00pm	7/11	\$170R/\$213NR
Week 6	M-F	7/21-7/25	7:00am-4:00pm	7/18	\$170R/\$213NR
Week 7	M-F	7/28-8/1	7:00am-4:00pm	7/25	\$170R/\$213NR
Week 8	M-F	8/4-8/8	7:00am-4:00pm	8/1	\$170R/\$213NR



SUMMER DAY CAMPS

CAMPAPALOOZA & TNT DAY CAMPS

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 6-17 Years

Waukegan Special Recreation Staff are looking forward to another summer with day camps. Please see our Summer Brochure for more information regarding dates, times, and locations. Contact Kari Robinson at 847-360-4763 for the most up to date information.

All Camps require a \$25.00 non-refundable deposit with registration. **Following registration, you will receive more information regarding medication and other camp information. The Waukegan Park district Procedure for Participant Behavior will be enforced.** *Not all personal care needs can be met by the District.*

Please see our summer brochure for dates and fees or contact Kari at 847-360-4763. Registration begins in May!

WAUKEGAN PARK DISTRICT PROGRAMS

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

FATHER-DAUGHTER DATE NIGHT

Register at: Waukegan Park District

Location: Belvidere Recreation Center

Age: 4-13 Years with Father

Fee: \$15R / \$18NR per person

Celebrate Valentine's Day with our special Father-Daughter Date Night. Celebrate with dancing, a gift bag for each child, prizes and meet a special character.

CODE	DAY	DATE	TIME	REG. DEADLINE
20101404-1A	SA	2/8	7:00pm-9:00pm	2/5

SOUL FOOD WITH SYLVIA

Register at: Waukegan Park District

Location: Jane Addams Center, Bowen Park

Age: Family

Fee: \$8R / \$10NR per person

Come learn how to make traditional soul food to celebrate Black History Month. Sylvia England, volunteer cook, founder, and Executive Director of the African American Museum at the England Manor, will be leading a cooking demonstration on how to make a great traditional dish and will have you participate too.

CODE	DAY	DATE	TIME	REG. DEADLINE
20607406-1A	SA	2/22	11:00am-1:00pm	2/19

MOTHER & DAUGHTER TEA PARTY

Register at: Waukegan Park District

Location: Jane Addams Center, Bowen Park

Age: 4-13 Years & Mother

Fee: \$12R / \$14NR per person

Celebrate the magical bond of mothers and daughters. Enjoy mini sandwiches, tasty treats, and a special gift to take home at the end of the day. Mother and daughter must register.

CODE	DAY	DATE	TIME	REG. DEADLINE
20608401-1A	SA	5/3	1:00pm-2:30pm	4/30

KIDS TO PARKS DAY

Register at: Waukegan Park District

Location: Bevier Park, Waukegan

Age: Family

Fee: Free

Kids to Parks Day is a nationwide celebration of the great outdoors organized by the National Park Trust and is signed to connect kids and families with their local, state, and national parks and public lands. Join in the morning for some fun and to learn about King Park!

CODE	DAY	DATE	TIME
20807407-1A	SA	5/17	9:00am-11:00am

EGGSTRAVAGANZA TRAIL

Location: Corrine J. Rose Park, Waukegan

Age: Family - Eggs to kids 2-13 years old

Fee: Free

Hop along the bunny trail! There will be eggs given out to kids ages 2-13 years old. Bring your camera and your basket to collect your goodies. Pony Rides, Petting Zoo & entertainment start at 9:00am. Trail runs from 10:00am-11:00am.

DAY	DATE	TIME
SA	4/19	9:00am-11:00am





SRSNLC Annual Information Form 2025

Please complete and return this Annual Information Form once a year in the **Winter/Spring** or if you have new information that SRSNLC needs in order to update its records for the safety of the participant. All pages of this form must be completed, signed and returned, before the participant will be allowed to attend any program.

Office Use Only: Original Location

Waukegan: _____

Zion: _____

Please give us valuable information to help provide the safest & best care possible!

Are you a **new** participant? Yes _____ No, Just updating information _____

If yes, how did you hear about SRSNLC? _____

Primary Language _____

For new participants: We'll contact you soon! Best time to call: 9:00am-12:00pm __ 12:00pm-3:00pm __ 3:00pm-6:00pm __

Participant's Information

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Birthdate _____ Age _____ Gender _____

School _____ School District _____ Teacher _____

Employer/Service Provider _____ Caseworker _____

Phone () _____

Contact Information (Family/Guardian/Group Home)

If the participant is an adult, does he or she have his or her own legal guardian status? Yes No

If no, Guardian name _____

Primary Contact Information - person who should be contacted FIRST

Last Name _____ First Name _____ Relationship _____

Email Address (please print) _____ Language(s) Spoken: _____

Primary Phone () _____ Participant Phone () _____

Alternate Phone () _____ Work Phone () _____

***Primary phone # and email will be used to communicate program changes, automated messages, and for staff to have at the program**

Alternate Contact Information - (Fill out ONLY if it appropriate for this person to be contacted if the Primary Contact cannot be reached)

Last Name _____ First Name _____ Relationship _____

Email Address (please print) _____ Language(s) Spoken: _____

Primary Phone () _____ Alternate Phone () _____ Work Phone () _____

Group Home Name _____ Group Home Contact Name _____

(Name and Relationship)

Phone () _____ Email Address _____

Emergency Contact Please give the name of a **relative or friend** who can respond in case of emergency when Primary Contact cannot be reached.

Last Name _____ First Name _____ Relationship _____

Primary Phone () _____ Alternate Phone () _____ Work Phone () _____

Alternate Emergency Contact

Last Name _____ First Name _____ Relationship _____

Primary Phone () _____ Alternate Phone () _____ Work Phone () _____

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.

Signature of Parent/Guardian: _____

Date: _____

Please continue to next page



SRSNLC Annual Information Update (con't)

Please complete and return this Annual Information Form once a year in the **Winter/Spring** or if you have new information that SRSNLC needs in order to update its records for the safety of the participant. All pages of this form must be completed, signed and returned, before the participant will be allowed to attend any program.

Participant's Information

Primary Disability _____

Secondary Disability _____

Down Syndrome Yes No

If yes, has the participant been checked for Atlanto-Axial Subluxation Condition? _____ Date Condition Cleared? _____

Other Conditions

Eyeglasses Shunts Other (List) _____

Allergies

Food Allergies: Type & Details: _____

Insect Bite Allergies: Type & Details: _____

Medication Allergies: Type & Details: _____

Other (List): Details: _____

Dietary Restrictions (Includes Diabetes, PKU) & Other Conditions

Restriction or Diagnosis: _____

Details: _____

Communication Needs

Uses Hearing Aid(s) Which Ear? _____

Speech Reads

Uses Sign Language Details: _____

Uses Communication System (Ex. PECs, picture schedules) Details: _____

Needs Other Assistance Details: _____

Non-Verbal Details: _____

Daily Living Skills

Feeding Assistance Details: _____

Toilet Assistance Details: _____

Dressing Assistance Details: _____

Assistance with Money Details: _____

Reading Skills: _____

Other: _____

Please continue to next page



SRSNLC Annual Information Update (con't)

Participant Name _____

Doctor Name _____ Phone Number (_____) _____

Medication

For emergencies (in case SRSNLC would need to supply paramedics with the participant's current medications)

Please list below

Medication Name	Dosage	Time	Purpose

If medication is to be dispensed by SRSNLC staff, please contact the SRSNLC Office to obtain a Medication Dispensing Waiver and additional information.

Mobility and Transportation

- Uses Wheelchair Transfers Independently
 Uses Amigo Transfers with Assistance, please contact SRSNLC staff to discuss

Wheelchair Type (power or manual): _____

Orthopedic Equipment (walker, braces, canes, AFOs): _____

Is bus aide requested? Yes No If yes, please explain why: _____

Is a wheelchair lift needed on the bus? Yes No, participant can walk up the stairs on the vehicle

Seizures

Yes No If yes, please complete a **Seizure Questionnaire** on page 20 and return it to the SRSNLC Office.

Releases

OK to remain independently after Program Details: _____

SRSNLC sometimes contacts schools/caseworkers/service providers for information to better serve the participant's needs. If you **DO NOT** wish to give permission, please initial here: _____

Sensory/Behavioral/Other

Sensory processing difficulties? Details: _____

Describe any calming techniques used: _____

Is participant capable of saying their name Does participant have history of leaving the group (wander or elopement)

Can participant recognize danger?

CHECK ALL THAT APPLY:

Easily distracted Self-injurious behavior History of physical aggression

Needs active breaks for sedentary programs

List any other behaviors staff should be aware of: _____

SRSNLC provides an approximate 1:4 staff to participant ratio. Please note if participant requests a closer ratio and why: _____

T-shirt Size: Youth: XS S M L XL Adult: XS S M L XL 1X 2X 3X

Shoe Size: _____

Person Completed Form: _____ **Phone Number (** _____ **)** _____

Email: _____

Signature of Parent/Guardian: _____

Date: _____



SRSNLC 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 Update* form which is distributed each year in the **Winter/Spring** program guide. If the participant's medication needs have changed since submission of their *Annual Information Update form*, please submit a new update 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 Update* form or *Medication Permission* form, please contact your local SRSNLC office or download a copy of the forms from your local SRSNLC website.

Please check box & sign below if participant has not experienced a seizure in the last 5 years.

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):

_____ Absence (staring spell) _____ Atonic (Drop) _____ Simple Partial
 _____ Complex Partial _____ Generalized (Gran Mal)
 _____ 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 9-1-1 for a seizure lasting more than _____ minutes. (Please Note: Depending on circumstances, SRSNLC staff may disregard this request and instead call 9-1-1 immediately)
2. _____
3. _____

VNS Device Check box: If checked, parent/guardian must train staff on use of VNS device.

Signature of Parent/Guardian: _____ Date: _____

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

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 _____

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

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
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
- COUNSELORS - DAY PROGRAM
- SWIM LESSON INSTRUCTORS
- RECREATION AIDES
- RECREATION DRIVER

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



WAUKEGAN PARK DISTRICT

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