

Celebrating **25** *Years*

SRSNLC 2025 FALL 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.**

SOCIALS AND OUTINGS

Please do not arrive more than 10 minutes prior to the program

Wii BOWLING

Register at: Zion Park District

Location: Shiloh Center, West Room

Age: 13 & Older

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.**

| DATE | TIME | REG. DEADLINE |
|-----------|-----------------|---------------|
| 9/4-10/16 | 10:00am-12:00pm | 8/29 |

Fee: \$15R / \$19NR

***No Wii Bowling 9/11, 9/25**

| DATE | TIME | REG. DEADLINE |
|-------------|-----------------|---------------|
| 10/30-12/11 | 10:00am-12:00pm | 10/24 |

Fee: \$18R / \$23NR

***No Wii Bowling 11/13, 11/27**

HAPPY HOUR & 1/2

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 13 & Older

Fee: \$5R / \$8NR

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

| DATE | TIME | REG. DEADLINE |
|-------|-----------------|---------------|
| 9/10 | 10:00am-11:30am | 9/5 |
| 9/24 | 10:00am-11:30am | 9/19 |
| 10/29 | 10:00am-11:30am | 10/24 |
| 11/12 | 10:00am-11:30am | 11/7 |
| 12/3 | 10:00am-11:30am | 11/28 |

LUNCH WITH FRIENDS

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 16 & Older

Fee: \$18R / \$27NR

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!

| DATE | TIME | REG. DEADLINE |
|-------|----------------|---------------|
| 9/12 | 12:00pm-1:00pm | 9/5 |
| 10/3 | 12:00pm-1:00pm | 9/26 |
| 11/14 | 12:00pm-1:00pm | 11/7 |
| 12/19 | 12:00pm-1:00pm | 12/12 |

BREAKFAST & A MOVIE

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

***Transportation is offered see page 23 to determine eligibility for transportation.**

Register at: Waukegan Park District



Meet at: The Field House

Age: 16 & Older

Fee: \$35R / \$44NR

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|------|---------------|---------------|
| 11104302-9A | 9/19 | 9:30am-3:00pm | 9/12 |
| 11104302-12A | 12/5 | 9:30am-3:00pm | 11/28 |

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.**

| DATE | TIME | REG. DEADLINE |
|------|------------------------|---------------|
| 9/19 | 10:00am-3:00pm approx. | 9/12 |
| 12/5 | 10:00am-3:00pm approx. | 11/28 |



SHOW TIME

Register at: Zion Park District

Location: Shiloh Center, East Room

Age: 16 & Older

Fee: \$7R / \$11NR

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

| DATE | TIME | REG. DEADLINE |
|-------|---------------|---------------|
| 9/12 | 1:00pm-3:00pm | 9/5 |
| 10/3 | 1:00pm-3:00pm | 9/26 |
| 11/14 | 1:00pm-3:00pm | 11/7 |
| 12/19 | 1:00pm-3:00pm | 12/12 |



Please do not arrive more than 10 minutes prior to the program

SOCIALS AND OUTING

GREASE

Register at: Zion Park District

Location: Shiloh Center, Lower Level

Age: 18 & Older

Fee: \$70R / \$88NR

Grease IS the word! Step back in time to the fabulous 50's and get ready to hand-jive the night away at Metropolis Performing Arts Center in Arlington Heights. Relive the timeless tale of bad boy Danny Zuko, sweet new girl Sandy, and the hip-shaking and bubblegum-popping Pink Ladies as they navigate through their teen years, forge friendships, and fall in love amidst the backdrop of Rydell High. One of the world's most popular musicals, this adaptation features the irresistible hits, "You're The One That I Want," "We Go Together," "Hopelessly Devoted to You," and more from the blockbuster movie and Broadway musical! Pull out your poodle skirt, dust off your leather jacket, and head to Rydell High for a rollicking and rolling time! We will start our evening at Peggy Kinnanes for a late lunch and then we will walk across the street to the theater for the show. The fee includes show, lunch and transportation.



| DATE | TIME | REG. DEADLINE |
|------|-----------------------|---------------|
| 9/25 | 11:30am-6:30pm approx | 9/8 |

FAMILY SOCIALS

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Fee: FREE

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

JUEGOS CON LA FAMILIA: AGES 6 & OLDER

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|------|---------------|---------------|
| 11104404-9A | 9/26 | 6:00pm-7:00pm | 9/18 |

TRICK OR TREAT THE ARC: ALL AGES

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|---------------|---------------|
| 11104404-10A | 10/10 | 4:30pm-5:15pm | 10/2 |
| 11104404-10B | 10/10 | 5:30pm-6:15pm | 10/2 |

RESOURCE NIGHT

CARETAKER WORKSHOP: ANNUAL SRSNLC PAPERWORK

PARTICIPANT ACTIVITY: HOLIDAY TRIVIA: AGES 5 & OLDER

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|------|---------------|---------------|
| 11104404-12A | 12/4 | 5:00pm-6:30pm | 11/30 |

COOKIE DECORATING: AGES 5 & OLDER

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|---------------|---------------|
| 11104404-12B | 12/19 | 6:00pm-7:00pm | 12/11 |

PROGRAM GUIDE KEY



BUS – Door to Door

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



HOUSE – Transportation Home Only

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



DOLLAR BILL – Bring Spending Money

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

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

PINS AND LUNCH



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$35R / \$44NR

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

| DATE | TIME | REG. DEADLINE |
|------|------------------------|---------------|
| 9/26 | 10:45am-3:30pm approx. | 9/12 |



THE GREAT PUMPKIN HUNT



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$30R / \$45NR

Come join us on The Great Pumpkin Hunt! Our day will begin with lunch at The Junction Pub & Grill in Sturtevant, WI. We will then visit Swan's Pumpkin Farm in Franksville & Borzynski's Farm & Floral Market in Mt. Pleasant. Fee includes lunch and transportation. ***Transportation home is for residents of Zion, Winthrop Harbor & Beach Park only.**

| DATE | TIME | REG. DEADLINE |
|------|------------------------|---------------|
| 10/1 | 10:30am-3:00pm approx. | 9/19 |

SOCIALS & OUTINGS

Please do not arrive more than 10 minutes prior to the program

SRSNLC'S ANNUAL TURKEY TWIST

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

Register at: Waukegan Park District

Location: Belvidere Recreation Center

Age: 13 & Older

Fee: \$25R / \$32NR

**There is NO transportation for this event.*

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|------|---------------|---------------|
| 11104322-11A | 11/7 | 6:30pm-8:30pm | 10/17 |

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$25R / \$32NR

| DATE | TIME | REG. DEADLINE |
|------|---------------|---------------|
| 11/7 | 6:00pm-9:00pm | 10/17 |



RESTAURANTEERS



Register at: Waukegan Park District

Restaurant Location: Test Kitchen Barbeque

Age: 13 & Older

Fee: \$34R / \$43NR

**Fees are based on menu options at this restaurant*

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 entrée, drink, and transportation to and from the establishment. Staff will alert participants to the maximum food and drink price they can spend on the event day. **Transportation is offered for pick up and drop off from home for eligible participants.*

See page 23 for transportation procedures.

Non-Residents will need to meet at The Field House for pick-up and drop-off. This time will be determined closer to the program date.

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|-------|---------------|---------------|
| 11104317-1A | 11/13 | 5:30pm-7:00pm | 11/3 |

HOLIDAY SHOPPING



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 16 & Older

Fee: \$45R / \$57NR

Come with SRSNLC to Hawthorn Mall to find that perfect holiday gift for the ones that you love. To keep fueled up for our shopping adventure, we will stop at Maggiano's for an elegant lunch. Remember to bring money for your shopping. *Fee includes lunch & transportation. *Transportation home is for residents of Zion, Winthrop Harbor & Beach Park only.*

| DATE | TIME | REG. DEADLINE |
|-------|------------------------|---------------|
| 11/18 | 10:30am-3:30pm approx. | 11/7 |



KENOSHA CIVIL WAR MUSEUM



Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 18 & Older

Fee: \$50R / \$63NR

Journey back in time at the Kenosha Civil War Museum with a docent led tour focusing on the contributions of the Upper Middle West – Wisconsin, Illinois, Iowa, Indiana, Minnesota, and Michigan – to the Civil War. These states played a vital role by providing troops and supplies to the cause, even though no battles were fought in this region. The exhibits concentrate on personal stories of people from all walks of life and circumstance. Men, women and children from various ethnic backgrounds experienced life during and after the war in different ways. Lunch will be at House of Gerhard after the tour. *Fee includes admission to the museum, lunch and transportation. *Transportation home is for residents of Zion, Winthrop Harbor & Beach Park only.*

| DATE | TIME | REG. DEADLINE |
|-------|-----------------------|---------------|
| 11/19 | 9:30am-2:30pm approx. | 11/3 |

Please do not arrive more than 10 minutes prior to the program

SOCIALS & OUTINGS

SRACLC FALL FANTASY DANCE

Attention ladies and gentlemen, it is with great pleasure to welcome you to SRACLC's ANNUAL Fall Fantasy dinner and dance. We will enjoy an elegant meal before hitting the dance floor. Everyone will receive a keepsake to remember the magical evening.

Register at: Waukegan Park District



Meet at: The Field House
Age: 13 & Older
Fee: \$45R / \$57NR

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|-------|----------------|---------------|
| 11104305-1A | 11/21 | 5:45pm-10:00pm | 10/24 |

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level
Age: 16 & Older
Fee: \$45R / \$57NR

| DATE | TIME | REG. DEADLINE |
|-------|--------------|---------------|
| 11/21 | 5:45pm-945pm | 10/24 |



HOLIDAY LIGHTS

Register at: Zion Park District

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

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

| DATE | TIME | REG. DEADLINE |
|-------|-----------------------|---------------|
| 12/16 | 3:30pm-8:30pm approx. | 11/21 |



SRSNLC HOLIDAY LUNCHEON

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

Register at: Waukegan Park District



Meet at: The Field House
Age: 18 & Older
Fee: \$20R / \$25NR

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|----------------|---------------|
| 11104330-12A | 12/10 | 9:30am-12:00pm | 11/21 |

Register at: Zion Park District

Location: Shiloh Center, West Room
Age: 18 & Older
Fee: \$15R / \$19NR

| DATE | TIME | REG. DEADLINE |
|-------|-----------------|---------------|
| 12/10 | 10:00am-12:00pm | 11/21 |

SRSNLC HOLIDAY PARTY

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

Register at: Waukegan Park District



Meet at: The Field House
Age: 13 & Older
Fee: \$23R / \$29NR

| CODE | DATE | TRANS. TIME | REG. DEADLINE |
|-------------|-------|---------------|---------------|
| 11104324-1A | 12/12 | 5:30pm-8:30pm | 11/7 |

Register at: Zion Park District

Location: Shiloh Center, West Room
Age: 8 & Older
Fee: \$17R / \$26NR

| DATE | TIME | REG. DEADLINE |
|-------|---------------|---------------|
| 12/12 | 6:00pm-8:00pm | 11/7 |



SENSORY DISCOVERIES

Please do not arrive more than 10 minutes prior to the program

WAUKEGAN PARK DISTRICT

SENSORY DISCOVERIES

Register at: **Waukegan Park District**

Location: Adaptive Recreation Center, Sensory Room

Age: 6 & Older

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

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

OCTOBER

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|---------------|---------------|
| 11108201-10A | 10/13 | 1:00pm-1:30pm | 10/5 |
| 11108201-10B | 10/13 | 1:45pm-2:15pm | 10/5 |
| 11108201-10C | 10/13 | 2:30pm-3:00pm | 10/5 |
| 11108201-10D | 10/13 | 3:15pm-3:45pm | 10/5 |
| 11108201-10E | 10/13 | 4:00pm-4:30pm | 10/5 |
| 11108201-10F | 10/13 | 4:45pm-5:15pm | 10/5 |

NOVEMBER

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|-----------------|---------------|
| 11108201-11A | 11/11 | 1:00pm-1:30pm | 11/2 |
| 11108201-11B | 11/11 | 1:45pm-2:15pm | 11/2 |
| 11108201-11C | 11/11 | 2:30pm-3:00pm | 11/2 |
| 11108201-11D | 11/11 | 3:15pm-3:45pm | 11/2 |
| 11108201-11E | 11/11 | 4:00pm-4:30pm | 11/2 |
| 11108201-11F | 11/26 | 10:00am-10:30am | 11/18 |
| 11108201-11G | 11/26 | 10:45am-11:15am | 11/18 |
| 11108201-11H | 11/26 | 11:30am-12:00pm | 11/18 |
| 11108201-11I | 11/26 | 1:00pm-1:30pm | 11/18 |
| 11108201-11J | 11/26 | 1:45-2:15pm | 11/18 |
| 11108201-11K | 11/26 | 2:30-3:00pm | 11/18 |
| 11108201-11L | 11/26 | 3:15pm-3:45pm | 1/18 |
| 11108201-11M | 11/26 | 4:00pm-4:30pm | 11/18 |

DECEMBER

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|------|-----------------|---------------|
| 11108201-12A | 12/8 | 10:00am-10:30am | 11/30 |
| 11108201-12B | 12/8 | 10:45am-11:15am | 11/30 |
| 11108201-12C | 12/8 | 11:30am-12:00pm | 11/30 |
| 11108201-12D | 12/8 | 1:00pm-1:30pm | 11/30 |
| 11108201-12E | 12/8 | 1:45pm-2:15pm | 11/30 |
| 11108201-12F | 12/8 | 2:30pm-3:00pm | 11/30 |
| 11108201-12G | 12/8 | 3:15pm-3:45pm | 11/30 |
| 11108201-12H | 12/8 | 4:00pm-4:30pm | 11/30 |
| 11108201-12I | 12/8 | 4:45pm-5:15pm | 11/30 |



Please do not arrive more than 10 minutes prior to the program

DAY PROGRAMS

H.E.A.R.T. PROGRAM

Register at: Waukegan Park District

Location: Adaptive Recreation Center

Age: 18 & Older

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 a high school graduate
- Complete the intake process to determine eligibility and participant program needs
- Sign a release of information form
- Participate 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 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.**

Please do not arrive more than 10 minutes prior to the program

SPORTS & FITNESS



IN A PICKLE: PICKLEBALL

Register at: Waukegan Park District

Location: Bevier Park, Pickle Ball Court

Age: 13 & Older

Fee: \$19R / \$24NR

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

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|----------|---------------|---------------|
| 11101317-9A | 9/8-9/29 | 5:00pm-6:00pm | 9/1 |

TIME TO SPARE BOWLING

Register at: Waukegan Park District

Meet at: 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.

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

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|------------|----------------|---------------|
| 11101303-9A | 9/10-11/12 | 4:45pm-6:00pm* | 8/24 |

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



FIT FUN

Register at: Zion Park District

Meet at: Leisure Center, Lower Level

Age: 16 & Older

Fee: \$5R / \$7NR

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

| DATE | TIME | REG. DEADLINE |
|-------|----------------|---------------|
| 9/16 | 12:00pm-1:00pm | 9/12 |
| 9/30 | 12:00pm-1:00pm | 9/26 |
| 10/14 | 12:00pm-1:00pm | 10/10 |
| 12/2 | 12:00pm-1:00pm | 11/28 |

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. Participants will drum to the rhythm while getting a total body work-out. Leave your seat and get with the beat!

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------------|---------------|---------------|
| 11101317-11A | 11/19-12/17 | 6:00pm-6:45pm | 11/10 |

***No program on 11/26**

SPECIAL RECREATION SWIM LESSONS: YOUTH AND ADULTS WITH DISABILITIES

Register at: Waukegan Park District

Location: The Field House

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 for Individual Swimmer Lessons. Swimmer with Guardian Assistance requires a Guardian or other trusted Adult to be in the water to assist with lessons. Swim times are offered for six weeks on Saturdays between 9:00am and 1:00pm. If the time you are requesting is full, please register for another time and request to be put on the wait list for your first-choice time. Please contact Kari at 847-360-4763 to complete an initial assessment of your child's current skill level.

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

INDIVIDUAL SWIMMERS

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|-----------|-----------------|---------------|
| 10402205-1A | 9/6-10/11 | 9:00am-9:30am | 8/24 |
| 10402205-1B | 9/6-10/11 | 9:35am-10:05am | 8/24 |
| 10402205-1C | 9/6-10/11 | 10:10am-10:40am | 8/24 |
| 10402205-1D | 9/6-10/11 | 10:45am-11:15am | 8/24 |
| 10402205-1E | 9/6-10/11 | 11:20am-11:50am | 8/24 |
| 10402205-1F | 9/6-10/11 | 11:55am-12:25pm | 8/24 |
| 10402205-1G | 9/6-10/11 | 12:30pm-1:00pm | 8/24 |
| 10402205-1H | 9/6-10/11 | 1:05pm-1:35pm | 8/24 |

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|------------|-----------------|---------------|
| 10402205-2A | 11/1-12/13 | 9:00am-9:30am | 10/19 |
| 10402205-2B | 11/1-12/13 | 9:35am-10:05am | 10/19 |
| 10402205-2C | 11/1-12/13 | 10:10am-10:40am | 10/19 |
| 10402205-2D | 11/1-12/13 | 10:45am-11:15am | 10/19 |
| 10402205-2E | 11/1-12/13 | 11:20am-11:50am | 10/19 |
| 10402205-2F | 11/1-12/13 | 11:55am-12:25pm | 10/19 |
| 10402205-2G | 11/1-12/13 | 12:30pm-1:00pm | 10/19 |
| 10402205-2H | 11/1-12/13 | 1:05pm-1:35pm | 10/19 |

***No program on 11/29**



*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.

SPECIAL RECREATION BASKETBALL

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

All Skills athletes must have an approved Special Olympics Medical Form or Special Olympics Athlete Registration and Health History Form valid through December 31, 2025, to compete at the Regional Tournament. Skills athletes will compete in the Special Olympics Tournament in December.

All Team Athletes must have a valid Special Olympics Athlete Registration Form completed to compete in any tournament. The Team will compete in the TRS Tournament in November and the Special Olympics District Tournament in January.

SKILLS

Register at: Waukegan Park District

Location: The Field House

Age: 8 & Older

Fee: \$70R / \$88NR

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|-----------|---------------|---------------|
| 11101313-1A | 9/30-12/9 | 5:00pm-6:00pm | 9/22 |

TEAM

Register at: Waukegan Park District

Location: The Field House

Age: 15 & Older

Fee: \$90R / \$113NR

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|---------------|---------------|---------------|
| 11101314-1A | 10/21-1/27/26 | 6:30pm-8:00pm | 10/1 |

*No program on 12/23 OR 12/30



ARTS & CRAFTS

Please do not arrive more than 10 minutes prior to the program

I CAN COOK

“Eating is a necessity; cooking is an ART”- Unknown.
Try your hand in our new learning kitchen. Each week is a different style of cooking! **Note: a full meal is NOT provided, please plan accordingly.**

Register at: Waukegan Park District

Meet at: Adaptive Recreation Center

Age: 13 & Older

Fee: \$15R per session / \$19NR per session

LOONEY LUNCH TIME

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|------|----------------|---------------|
| 11106301-9A | 9/5 | 11:30am-1:30pm | 8/25 |

SWEET TREATS

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|---------------|---------------|
| 11106301-10A | 10/27 | 1:00pm-3:00pm | 10/20 |

BREAKFAST BONANZA

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|-----------------|---------------|
| 11106301-11A | 11/25 | 10:00am-12:00pm | 11/18 |

Register at: Zion Park District

Meet at: Shiloh Center, Lower Level

Age: 13 & Older

Fee: \$15R per session / \$19NR per session

LOONEY LUNCH TIME

| DATE | TIME | REG. DEADLINE |
|------|----------------|---------------|
| 9/5 | 11:00am-2:00pm | 8/25 |

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

SWEET TREAT

| DATE | TIME | REG. DEADLINE |
|-------|----------------|---------------|
| 10/27 | 12:30pm-3:30pm | 10/20 |

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

BREAKFAST BONANZA

| DATE | TIME | REG. DEADLINE |
|-------|----------------|---------------|
| 11/25 | 9:30am-12:30pm | 11/18 |

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



Please do not arrive more than 10 minutes prior to the program

ARTS & CRAFTS

IN THE 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!

LEARN TO PAINT

| CODE | DATE | TIME | FEE | REG. DEADLINE |
|-------------|-------------|---------------|----------------|---------------|
| 11103302-9A | 9/18 & 9/25 | 6:00pm-7:00pm | \$41R / \$52NR | 9/9 |

CRICUT CREATIONS

| CODE | DATE | TIME | FEE | REG. DEADLINE |
|--------------|--------------|---------------|----------------|---------------|
| 11103302-10A | 10/9 & 10/16 | 5:30pm-6:30pm | \$21R / \$27NR | 9/28 |

COLOR ME CALM

| CODE | DATE | TIME | FEE | REG. DEADLINE |
|--------------|-------|---------------|----------------|---------------|
| 11103302-12A | 12/18 | 5:00pm-5:45pm | \$15R / \$19NR | 12/7 |



GREEN THUMB GARDEN CLUB

Register at: Waukegan Park District

Location: Adaptive Recreation Center, Garden

Age: 13 & Older

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

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.**

FALL COLOR MAINTENANCE

| CODE | DATE | TIME | REG. DEADLINE |
|-------------|------|---------------|---------------|
| 11105301-9A | 9/3 | 5:30pm-6:30pm | 8/26 |

WINTER PREP

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|---------------|---------------|
| 11105301-10A | 10/31 | 4:00pm-5:00pm | 10/23 |

WINTER GROW TOWER

| CODE | DATE | TIME | REG. DEADLINE |
|--------------|-------|---------------|---------------|
| 11105301-11A | 11/24 | 2:15pm-3:00pm | 11/16 |



PARK DISTRICT EVENTS

Please do not arrive more than 10 minutes prior to the program

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

WAUKEGAN PARK DISTRICT

GEORGE BRIDGES 5K

Register at: Waukegan Park District

Location: The Field House

Age: All

Fee: \$34

Ready, set, go! **Race start at 8am.** For more information, please call 847-782-3300 or visit www.waukeganparks.org. For registration fee participants will receive a race packet and a commemorative race t-shirt, if registered by 8/29. A free Kids Race will be held right before the awards ceremony.

| CODE | DATE | TIME |
|-------------|------|-----------------------|
| 30307401-1A | 9/13 | Race begins at 8:00am |

TURKEY TROT

Register at: Waukegan Park District

Location: Waukegan Sports Park

Age: All

Fee: 2 cans of non-perishable food to donate

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

| CODE | DAY | DATE | TIME |
|-------------|-----|------|-----------------|
| 10101401-1A | SA | 11/8 | 10:00am-11:00am |

DAY OF THE DEAD / DÍA DE LOS MUERTOS

Location: Bowen Park

Age: All

Fee: FREE

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

| CODE | DATE | TIME |
|------|------|---------------|
| FREE | 11/1 | 1:00pm-4:00pm |



HALLOWEEN TRICK OR TREAT TRAIL

Location: Bowen Park

Age: All

Fee: FREE

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

| CODE | DATE | TIME |
|------|-------|---------------|
| FREE | 10/25 | 1:00pm-3:00pm |



ZION PARK DISTRICT HALLOWEEN TRAIL OF TREATS

Location: Shiloh Park

Age: All

Fee: FREE

Date: October 24, 2025

Time: 4:00pm-6:00pm

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



SRSNLC Annual Information Form 2025

Please complete and return this Annual Information Form once a year in **January** 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 **January** 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

☐ None

☐ 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: _____

☐ No Assistance Needed

Daily Living Skills

☐ Feeding Assistance Details: _____

☐ Toilet Assistance Details: _____

☐ Dressing Assistance Details: _____

☐ Assistance with Money Details: _____

☐ Independent in all Skills

Reading Skills: _____

Other: _____

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

☐ No Assistance Needed

History of 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

CHECK ALL THAT APPLY:

☐ Sensory processing difficulties? Details: _____

Describe any calming techniques used: _____

☐ Participant is capable of saying their name ☐ Participant has a history of leaving the group (wander or elopement)

☐ Participant can recognize danger?

☐ 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:** S M L XL 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 **Summer** 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 |
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| 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.

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|-----------------------------------|-----------------|------------------------|-----|
| 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 |
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| | | | |
| Total Requested | | | \$ |

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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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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 reside 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
Administration 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



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