



NIGHT RIDERS



Northwest Special Recreation Association
 Park Central, 3000 W. Central Road, Suite 205 • Rolling Meadows, IL 60008
 Voice 847/392-2848 • FAX 392-2870 • TTY 392-2855 • www.nwsra.org

Night Riders is designed for individuals ages 36 years and older who are able to participate in group decision making and abide by group and staff decisions. Club members should possess self-help and money handling skills, as well as display appropriate behavior in public facilities. This club operates at a 1:10 staff to participant ratio unless certain activities require a closer staff to participant ratio.

Please contact Dana Kroeger at 847/392-2848 ext. 239 with any questions.

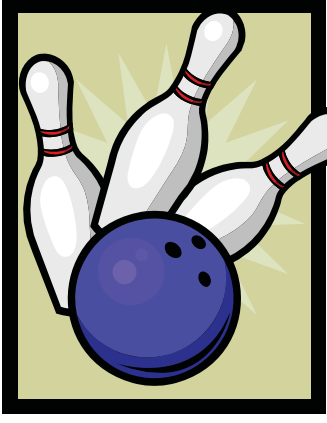
Registration deadline is one week prior to each activity unless stated otherwise.

Pick-up & drop-off points are from:

Pioneer Park 500 S. Fernandez Ave. Arlington Heights 847/577-3035	Gary Morava Recreation Center 110 W. Camp McDonald Road Prospect Heights 847/394-2848	NWSRA/Park Central BACK PARKING LOT 3000 W. Central Road Rolling Meadows 847/392-2848	Meineke Center 220 E. Weathersfield Way Schaumburg 847/985-2144
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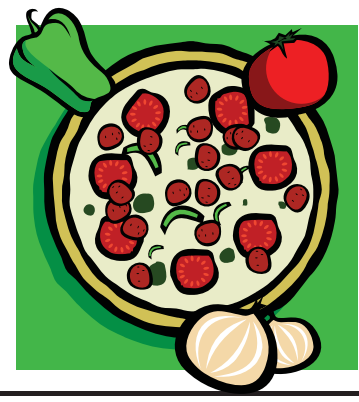
ACTIVITY #590: BOWLING

LOCATION: eScape, Buffalo Grove
 DATE: Friday ~ September 17, 2010
 TIME: 7:00 p.m. - 9:00 p.m.
 FEE: \$9.75 without transportation
 \$14.00 with transportation
 NOTE: Please bring extra money for snacks.



TRANSPORTATION:

LOCATION	PICK-UP	DROP-OFF
Pioneer Park	6:10 p.m.	9:50 p.m.
Gary Morava	6:40 p.m.	9:20 p.m.
NWSRA/Park Central	5:45 p.m.	10:15 p.m.
Meineke Center	6:15 p.m.	9:45 p.m.



ACTIVITY #591: DINNER OUT

LOCATION: California Pizza Kitchen, Schaumburg
 DATE: Friday ~ October 8, 2010
 TIME: 7:00 p.m. - 9:00 p.m.
 FEE: \$5.00 without transportation
 \$9.25 with transportation
 NOTE: Please bring approximately \$20 for dinner.

TRANSPORTATION:

LOCATION	PICK-UP	DROP-OFF
Pioneer Park	6:00 p.m.	9:50 p.m.
Gary Morava	6:30 p.m.	9:30 p.m.
NWSRA/Park Central	6:15 p.m.	9:45 p.m.
Meineke Center	6:45 p.m.	9:15 p.m.

ACTIVITY #592: HAUNTED MOVIE NIGHT

LOCATION: Rolling Meadows Teen Center
 DATE: Friday ~ October 29, 2010
 TIME: 7:00 p.m. - 9:00 p.m.
 FEE: \$6.75 without transportation
 \$11.00 with transportation
 NOTE: Snacks will be provided.

TRANSPORTATION:

LOCATION	PICK-UP	DROP-OFF
Pioneer Park	6:10 p.m.	9:50 p.m.
Gary Morava Center	6:40 p.m.	9:20 p.m.
Meineke Center	6:30 p.m.	9:30 p.m.





ACTIVITY #593: FALL FESTIVAL DANCE WITH TGIF

LOCATION: Burning Bush Community Center, Mt. Prospect
 DATE: Friday, November 12, 2010
 TIME: 7:00 p.m. - 9:00 p.m.
 FEE: \$6.75 without transportation
 \$11.00 with transportation

TRANSPORTATION:		
<u>LOCATION</u>	<u>PICK-UP</u>	<u>DROP-OFF</u>
Pioneer Park	6:15 p.m.	10:00 p.m.
Gary Morava Center	6:45 p.m.	9:30 p.m.
NWSRA/Park Central	6:00 p.m.	10:00 p.m.
Meineke Center	6:30 p.m.	9:30 p.m.

ACTIVITY #594: HOLIDAY SHOPPING

LOCATION: Woodfield Mall, Schaumburg
 DATE: Friday, December 3, 2010
 TIME: 7:00 p.m. - 9:00 p.m.
 FEE: \$4.75 without transportation
 \$9.00 with transportation
 NOTE: Please bring money for shopping and snacks.

TRANSPORTATION:		
<u>LOCATION</u>	<u>PICK-UP</u>	<u>DROP-OFF</u>
Pioneer Park	6:10 p.m.	9:50 p.m.
Gary Morava Center	6:40 p.m.	9:20 p.m.
NWSRA/Park Central	6:10 p.m.	9:50 p.m.
Meineke Center	6:40 p.m.	9:20 p.m.



SPECIAL EVENTS

6180 Great America Fright Fest

Prepare yourself for a frightfully fun adventure at Illinois Six Flags Great America's Fright Fest. Ride Raging Bull, Superman, Batman, Viper, the Double-decker Carousel or sit back and enjoy one of the many shows offered. Don't miss out on this ghoulish event! Off we go **RAIN OR SHINE!**

Group/Age:EMH, LD/ED, PI/VI Deaf/HOH
 16 years & older

Location:Gurnee
 Day & Time:Monday, October 11
 11:00 a.m. - 6:00 p.m.

Fee with season pass:\$30.00

Fee without season pass:\$65.00

Registration Deadline:September 16

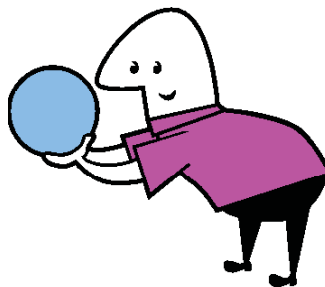
Transportation: Provided from the locations below. Please indicate desired pick up and drop off location on the registration form. A minimum of 2 needed at each location.

<u>LOCATION</u>	<u>PICK UP/DROP OFF TIME</u>
NWSRA/Park Central, Rolling Meadows	8:30 a.m./7:30 p.m.
Schaumburg Community Recreation Center	9:00 a.m./7:30 p.m.
Alcott Center, Buffalo Grove	9:00 a.m./7:00 p.m.

Note: Refunds **will not** be given for inclement weather, so grab your rain jacket if the skies look gray, but we're certain we will still have an awesome day! Pack a sack lunch & dinner or bring money to buy one. Park admission, transportation & supervision are included in the fee.

Note: Participants must be able to function in a 1:3/1:4 ratio.

Minimum 6/Maximum 16



6280 Bowling Tournament

Attention all bowlers! NSSRA is challenging all NWSRA bowlers to come out and show your best moves!

Group/Age: All Ambulatory
 18 years & older

Location:Deerbrook Lanes
 Day & Time:Saturday, December 4
 10:00 a.m. - 1:00 p.m.

Fee:\$20.00

Registration Deadline:November 15

Transportation: Provided from the location below. Minimum of 2 needed.

<u>LOCATION</u>	<u>PICK UP/DROP OFF TIME</u>
NWSRA/Park Central, Rolling Meadows	9:00 a.m./2:00 p.m.

Minimum 5/Maximum 12

7192 Holiday Light Show

Twinkle, twinkle pretty lights, join us for some fun delights! Then we'll follow the snowflakes back to NWSRA for cookies, cocoa and caroling.

Group/Age: CD Adults

Location:NWSRA/Park Central
 Rolling Meadows

Day & Time:Tuesday, December 7
 6:00 - 9:00 p.m.

Fee:\$12.00

Registration Deadline:November 30

Transportation: Provided from the location below. Minimum of 2 needed.

<u>LOCATION</u>	<u>PICK UP/DROP OFF TIME</u>
NWSRA/Park Central, Rolling Meadows	5:45/9:00 p.m.

Minimum 6/Maximum 15



Introducing the FIT PERKS Program

Attention Fitness Fanatics! NWSRA is excited to launch the **Fit Perks** program. Fit Perks provides incentives for registering for fitness-related programs. Fit Perks members will receive Fit Points for every registration in a Fit Perks eligible program. There are four reward levels that Fit Perks members may attain. For each point level achieved, members will receive a reward.

The Fit Perks reward structure is as follows:

<u>Point Level</u>	<u>Points</u>	<u>Reward</u>
Rookie	50 and under	Pedometer
Pro	51-150	Water Bottle
All-Star	151-250	Hand Towel
Hall of Fame	251+	Hall of Fame pin with certificate of achievement

Programs that award Fit Points are indicated in each seasonal brochure by an heart icon in the upper left corner of the program description, along with the number of points assigned to that program. Enrolling in Fit Perks is easy, just sign up for a fitness program that awards Fit Points. After enrolling, make sure to get your copy of the Fit Perks brochure from the NWSRA office for more information on the program.

♥2512 Fitness & Fun

Fit Perks ~ 3 Points

Join this after workshop program which will be sure to energize you after a long day of work. Adults enrolled in this program participate in exercises and prepare a healthy snack.

Group/Age: CD Adults
21 years & older

Location: Clearbrook Workshop
Palatine

Day & Time: Tuesdays
3:30 - 5:00 p.m.

Dates: September 28 - November 30

Fee: \$60.50

Minimum 3/Maximum 15



FALL 2010 CLUB REGISTRATION FORM

If registering more than one participant, please complete an additional form.

RETURN TO: NWSRA, Park Central, 3000 W. Central Road, Suite 205, Rolling Meadows, Illinois 60008 or FAX to 847/392-2870.

Questions? Call - VOICE: 847/392-2848 • TTY: 847/392-2855 Would you like to be added to our mailing list? Please check

Participant's Name (Last) _____ (First) _____	
Address _____ City _____ Zip _____	
Participant's Information:	
Home Ph. # (_____) _____ Work Ph. # (_____) _____ Cell Phone # (_____) _____	
Sex: F _____ M _____ Age _____ Birthdate _____ Spec. Ed. Classification/Medical Diagnosis _____	
School/Workshop site _____ Teacher _____	
School District _____ Park District _____ Township _____	
Parent/Guardian Information: Mother's Name (Last) _____ (First) _____	
Father's Name (Last) _____ (First) _____	
Mother's e-mail: _____ Father's e-mail: _____	
Address (if different from above) _____ City _____ Zip _____	
Home Ph.# (M)(_____) _____ (F)(_____) _____ Work Ph.# (M)(_____) _____ (F)(_____) _____	
Mother's Cell Phone: _____ Father's Cell Phone _____	
Alternate Emergency Contact _____ Relationship to Participant _____	
Home Ph. # (_____) _____ Work Ph. # (_____) _____	
First & last names of people authorized to pick up participant _____	

Date	Night Riders Program # Program Name	Circle If Med. Is "Needed at program"	Circle if Attending	Fee With or Without Transportation (If Applicable)	Transportation Location (Please Circle)	Amount Paid
9/17	#590 Bowling	YES NO	YES NO	\$9.75 without Trans. \$14.00 with Transportation	Pioneer Park Gary Morava NWSRA/Park Central Meineke Center	
10/8	#591 Dinner Out	YES NO	YES NO	\$5.00 without Trans. \$9.25 with Transportation	Pioneer Park Gary Morava NWSRA/Park Central Meineke Center	
10/29	#592 Movie Night	YES NO	YES NO	\$6.75 without Trans. \$11.00 with Transportation	Pioneer Park Gary Morava Meineke Center	
11/12	#593 Fall Festival Dance with TGIF	YES NO	YES NO	\$6.75 without Trans. \$11.00 with Transportation	Pioneer Park Gary Morava NWSRA/Park Central Meineke Center	
12/11	#594 Holiday Shopping	YES NO	YES NO	\$4.75 without Trans. \$9.00 with Transportation	Pioneer Park Gary Morava NWSRA/Park Central Meineke Center	
		YES NO	YES NO			
		YES NO	YES NO			
		YES NO	YES NO			

You may charge your registration. Please check one.

American Express Discover MasterCard Visa

Account # _____

Expiration Date ____/____

If requesting divided payments, please check

Minus Past Program Credits \$ _____

SLSF Donation \$ _____

A third of the total fee is due by each of the following dates: **9/27, 10/25, 11/23**

Total Enclosed \$ _____

Make check payable to NWSRA

Insurance

NWSRA carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to provide their own medical insurance. NWSRA must have the following information in case of an emergency.

Medical Insurance Company _____ Policy # _____

NWSRA Waiver and Release of All Claims

The NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The NWSRA continually strives to reduce 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 programs/activities listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities. 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. Recreational programs/activities 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 program/activity. 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 NWSRA to guarantee absolute safety. Please read this form carefully and be aware that in signing up and participating in the above 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 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 NWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as NWSRA). I do hereby fully release and forever discharge the NWSRA 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 have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ Date _____

Please Print Name _____

Participant Information Fall 2010

Both sides of the registration form MUST be completed and verified by a signature before the participant is allowed to join any NWSRA program. Please check the correct response, complete each category and list any other information you feel NWSRA should be aware of to provide safe and enjoyable activities for the individual being registered.

SEIZURES: No ___ Yes ___ If "Yes", please complete seizure form.

MEDICAL CONDITIONS/NEEDS: Diabetes ___ Shunts ___ Braces ___ Canes ___ Walker ___ Glasses ___ PKU ___ G-tube ___ VNS ___ Trach ___ Epi-pen ___ Sign Language Assistance ___ Hearing Aid ___ Suctioning ___ Catheter ___

If using a wheelchair is participant capable of transferring? Yes ___ No ___ Wheelchair (type) _____ (size) _____

AAI Condition: If a participant has Down syndrome, have x-rays of the C-1 and C-2 vertebrae been taken and examined? Yes ___ No ___ Date _____

Is participant clear of Atlantoaxial Instability Condition (AAI)? Yes ___ No ___

Allergies (specific) _____ Other _____

List specific medical instructions: _____

A permission form must be obtained, signed and returned to NWSRA in order for staff to assist with medications. Contact NWSRA to obtain a form.

For participants not needing medication dispensed at programs but would like to make us aware, please list all medications.

MEDICATION:

TYPE	DOSAGE	TIME

DOCTOR'S NAME: _____ Phone () _____

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

Inappropriate Activities: _____

Behavior Issues: _____

Areas/goals for the instructor to work toward: _____

Release of information permission for NWSRA to contact school/workshop staff concerning the participant's needs: Yes ___ No ___

NWSRA regards and treats personal information about participants as confidential, except in certain unusual situations in which NWSRA may have a duty to provide such information to third parties in order to avoid unreasonable risks of harm to them or to other individuals in their care.

Photo permission for NWSRA publicity purposes: Yes ___ No ___

Please indicate under what circumstances, if any, participant may be without leader supervision (i.e. to walk home from program, etc.)

Parent/Guardian Signature: _____ (sign only if participant may be without supervision)

IS A BUS AIDE REQUIRED? Yes ___ No ___ Explain why: _____

IS A VEHICLE HARNESS REQUIRED? Yes ___ No ___ Size ___

SWIM INFORMATION: Beginner ___ Advanced Beginner ___ Intermediate ___ Advanced ___ Diving ___

Permission to apply sunscreen on participant: Yes ___ No ___

Other helpful information: _____

YOUR INPUT HAS IMPACT!

Please use the space below as a way to ask questions, make suggestions, voice concerns or even offer compliments! Your feedback will be read personally by an NWSRA staff member and we will do our best to give your ideas and needs our attention. Of course, there are times when we cannot fulfill every request due to available resources, but your request does not end there! Each season we review all requests that we were not able to accomplish the season before and reconsider the possibilities. If you would like to receive a written response, please check this box.

For weekly programs, special events and registration information, please refer to the current NWSRA seasonal brochure.

The Club Grid and Registration Form must be completed when registering.

This information can be made available in alternative format such as audio cassette tape, with 48 hours notice.

REGISTRATION DEADLINES: One week prior to each activity unless stated otherwise.

ABSENCE OR LATE ARRIVAL: If you are unable to attend an activity for which you are registered, please call NWSRA in advance to cancel. If you will be late to a pick up point, please also call in advance. We are unable to wait more than five minutes for individuals who are late to pick-up points. If NWSRA has any unforeseen transportation delays, we will make every effort to contact individuals at pick-up points.

NON-RESIDENT FEE: Individuals not residing in one of NWSRA's member park districts or a neighboring SRA must pay a 50% higher non-resident fee. NWSRA park district residents will have priority in registering for all NWSRA programs. Non-residents will be allowed to register as additional space, tickets, seating and leadership allows. Final decisions will be made after registration deadline when applicable. Door-to-door transportation is not available for non-residents.

PAYMENT SYSTEMS: Final payment of program fees should be included with the registration form. However, if at the time of registration this presents a problem for any of our residents, delayed or divided payments are acceptable. Please note any altered payment systems on the registration form.

REGISTRATION INFORMATION: Registration forms and fees may be mailed or brought into the NWSRA office and must be in by the registration deadline in order to guarantee participation on the first day of the program. Staff may not receive registration forms or fees at NWSRA activities. We do not make confirmation of registration. If programs are cancelled or postponed, individuals registered will be notified by phone.

TRANSPORTATION: When transportation is offered in a program, a minimum of two must be registered at each pick up and drop off location in order for the location to be utilized. However, for an after school program, parents may request drop off at an after care/day care site and we will do our best to accommodate the request.

ACCESSIBLE TRANSPORTATION: All participants who are transported by NWSRA while in a wheelchair must have an individual wheelchair safety seat belt system that secures them into their wheelchair, and brakes that are in good working order. If a participant is in need of a seat belt system, NWSRA will provide one for program use only, if noted on registration form. Individuals using tri-wheelers must transfer into a bus seat as tri-wheelers cannot be safely tied down in vehicles.

INDEPENDENCE: For some activities, participants may be allowed to be on their own, without direct supervision, to encourage development of leisure skills. This is possible when: 1) parent/guardian, or an adult 18 years or older who is legally responsible for him/herself, grants permission by signing the appropriate space on the registration form and 2) the NWSRA leader conducts the program in a way that participants can safely be independent for a length of time. Participants must adhere to meeting times and other directions or procedures given by the leader.

SEIZURE INFORMATION

FALL 2010

IF YOUR CHILD HAS SEIZURES, this form MUST be completed and verified by a signature before the participant is allowed to join any NWSRA program. Please check the correct response, complete each category and list any other information you feel NWSRA should be aware of to provide safe and enjoyable activities for the individual being registered

CONTACT INFORMATION:

Participant's Name: _____ Date of Birth: _____
 Parent/Guardian Name: _____ Tel.(H) _____ (W) _____ (C) _____
 Other Emergency Contact: _____ Tel.(H) _____ (W) _____ (C) _____
 Participant's Primary Care Dr.: _____ Tel: _____

SEIZURE INFORMATION:

1. When was the participant diagnosed with seizures or epilepsy? _____

Seizure Type	Length	Frequency	Description
Absence (staring spell)			
Simple Partial			
Complex Partial			
Atonic (drop)			
Generalized (Gran Mal)			
Other (explain):			

2. What might trigger a seizure in the participant? _____
 3. Are there any warnings and or behavior changes before the seizure occurs? Yes ___ No ___ If yes, please explain: _____
 4. When was the participant's last seizure? _____
 5. Has there been any recent change in the participant's seizure patterns? Yes ___ No ___ If yes, please explain: _____
 6. How does the participant react after a seizure is over? _____
 7. How do other illnesses affect the participant's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

8. What basic first aid procedures should be taken when the participant has a seizure? _____

SEIZURE EMERGENCIES:

9. Please describe what constitutes an emergency for the participant? _____
 10. Has the participant ever been hospitalized for continuous seizures? Yes ___ No ___ If yes, please explain: _____

A seizure is generally considered an emergency when: A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Repeated seizures without regaining consciousness • A first time seizure • Participant is injured or diabetic • Participant has breathing difficulties • Participant has a seizure in water.

SEIZURE MEDICATION AND TREATMENT INFORMATION:

11. What medication(s) for seizures does the participant take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

12. What emergency/rescue seizure medications are prescribed for the participant?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

*After 2nd or 3rd seizure, for cluster of seizure, etc. **Orally, under tongue, rectally, etc. NWSRA DOES NOT ADMINISTER RECTAL VALIUM.

13. Does your child have a Vagal Nerve Stimulator Yes ___ No ___ If yes, please describe instructions for appropriate magnet use: _____

GENERAL COMMUNICATION ISSUES:

14. What is the best way for us to communicate with you about the participant's seizure(s)? _____
 15. Is there any other information that NWSRA should know? _____
 Parent/Guardian Signature: _____ Date: _____
 Dates Updated: _____, _____



NIGHT RIDERS



*Please keep this flyer as a reference for dates, times and locations.
If you no longer wish to receive this flyer, please call 847/392-2848
and have your name removed from our mailing list.*

