



# OUT ON THE TOWN

# OUT ON THE TOWN

# OUT ON THE TOWN

# OUT ON THE TOWN



**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

Out on the Town Club is designed for teens and adults with mental health needs and provides an opportunity to socialize and become more aware of community recreation opportunities.

Please contact Valerie Yellin at 847/392-2848 ext. 262 with any questions.

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

CLUB TRANSPORTATION INFORMATION:  
 Transportation is included from one of the following locations:

Kenneth Young Center 1001 Rohlwing Road Elk Grove Village 847/524-8800	NWSRA/Park Central <b>BACK PARKING LOT</b> 3000 West Central Road, Suite 205 Rolling Meadows 847/392-2848
---	---

**ACTIVITY #611: Apple Fest**



LOCATION: Long Grove  
 DATE: Friday, October 2, 2009  
 TIME: 11:00 a.m. - 12:30 p.m.  
 FEE: \$11.50 with transportation  
 NOTE: Please bring money for snacks or souvenirs if desired.

TRANSPORTATION:

<u>LOCATION</u>	<u>PICK-UP</u>	<u>DROP-OFF</u>
NWSRA/Park Central	10:15 a.m.	1:15 p.m.
Kenneth Young	10:30 a.m.	1:00 p.m.

**ACTIVITY #612: Botanic Gardens**

LOCATION: Glencoe  
 DATE: Friday, October 16, 2009  
 TIME: Approximately 11:00 a.m. - 12:30 p.m.  
 FEE: \$11.50 with transportation  
 NOTE: Please bring money for snacks or souvenirs if desired.  
 Don't forget your camera!



TRANSPORTATION:

<u>LOCATION</u>	<u>PICK-UP</u>	<u>DROP-OFF</u>
NWSRA/Park Central	9:30 a.m.	1:30 p.m.
Kenneth Young	9:45 a.m.	1:15 p.m.

## ACTIVITY #613: Pumpkin Picking

LOCATION: Goebbert's Pumpkin Farm, South Barrington

DATE: Friday, October 30, 2009

TIME: 11:00 a.m. - 12:30 p.m.

FEE: \$10.75 with transportation

TRANSPORTATION:

<u>LOCATION</u>	<u>PICK-UP</u>	<u>DROP-OFF</u>
NWSRA/Park Central	10:15 a.m.	1:15 p.m.
Kenneth Young	10:30 a.m.	1:00 p.m.

NOTE: Fee includes a medium sized pumpkin.

Please bring money for snacks or crafts that will be available for purchase.



## ACTIVITY #614: Dave & Buster's

LOCATION: Addison

DATE: Friday, November 20, 2009

TIME: 11:00 a.m. - 12:30 p.m.

FEE: \$20.00 with transportation

NOTE: Fee includes lunch and a \$10.00 game card.

TRANSPORTATION:

<u>LOCATION</u>	<u>PICK-UP</u>	<u>DROP-OFF</u>
NWSRA/Park Central	10:45 a.m.	1:15 p.m.
Kenneth Young	11:00 a.m.	1:00 p.m.



## ACTIVITY #615: Breakfast at Egg'lectic Cafe

LOCATION: Rolling Meadows

DATE: Friday, December 18, 2009

TIME: 11:00 a.m. - 12:30 p.m.

FEE: \$20.75 with transportation

NOTE: Fee includes breakfast up to \$14.00 including tip.

TRANSPORTATION:

<u>LOCATION</u>	<u>PICK-UP</u>	<u>DROP-OFF</u>
Kenneth Young	10:45 a.m.	12:45 p.m.
NWSRA/Park Central	10:30 a.m.	1:00 p.m.





**1350**

**Bowl**

Calling all bowlers! This program is an excellent opportunity to socialize, develop coordination and increase your bowling skills.

**Group/Age:** ..... MI Adults

**Location:** ..... Elk Grove Bowl

**Day & Time:** ..... Fridays

10:30 a.m. - 12:00 p.m.

**Dates:** ..... August 21

September 18

October 9

November 6 & 13

December 4

**Fee:** .....\$64.50

**Transportation:** Provided from one of the locations below. Please indicate on registration form. Minimum of 2 needed at each location.

**LOCATION**

**PICK UP/DROP OFF TIME**

Alexian Center

10:00 a.m./12:30 p.m.

Kenneth Young Center

10:15 a.m./12:15 p.m.

**Minimum 3/Maximum 15**



**2955**

**Bike the Burbs**

Grab your bike and helmet and join us on the bike paths of the northwest suburbs. Each week will start with a basic stretch and review of biking rules. The program will meet at the Deer Grove Trail on Dundee Road between Hicks and Smith Roads the first week. A schedule will be provided of future ride locations at the first program.

**Group/Age:** ..... LD/BD, EMH, PI, MR, 18 years & older

**Location:** ..... Varies

**Day & Time:** ..... Mondays, 5:30 - 7:00 p.m.

**Dates:** .....September 14 - October 5

**Fee:** ..... \$19.00

**Note:** Must provide own bike and helmet and carry a water bottle. Participants must be able to ride independently for up to an hour.

**Minimum 3/Maximum 10**



# FALL 2009 REGISTRATION FORM

If registering more than one participant, please complete an additional form. Family members may register on page 39.  
**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 _____	
<b>Participant's Information:</b>	
Home Ph. # (_____) _____ Work Ph. # (_____) _____ Cell Phone # (_____) _____	
Sex: F _____ M _____ Age _____ Birth date _____ Spec. Ed. Classification/Medical Diagnosis _____	
School/Workshop site _____ Teacher _____	
School District _____ Park District _____ Township _____	
<b>Parent/Guardian Information:</b> 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	Out on the Town 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
10/2	#611 Apple Fest	YES NO	YES NO	\$11.50 with Transportation	NWSRA/Park Central Kenneth Young	
10/16	#612 Botanic Gardens	YES NO	YES NO	\$11.50 with Transportation	NWSRA/Park Central Kenneth Young	
10/30	#613 Pumpkin Picking	YES NO	YES NO	\$10.75 with Transportation	NWSRA/Park Central Kenneth Young	
11/20	#614 Dave & Busters	YES NO	YES NO	\$20.00 with Transportation	NWSRA/Park Central Kenneth Young	
12/18	#615 Breakfast at Egg'lectic Cafe	YES NO	YES NO	\$20.75 with Transportation	NWSRA/Park Central Kenneth Young	
		YES NO	YES NO			
		YES NO	YES NO			
		YES NO	YES NO			

**Club Activities Registration Deadline: One week prior to each activity unless stated otherwise.**  
**Program/Special Events Registration Deadline: Tuesday, September 8**

<p><i>You may charge your registration. Please check one.</i></p> <p>American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/></p> <p>Account # _____</p> <p>Expiration Date ____/____</p>
--

If requesting divided payments, please check  Minus Past Program Credits \$ \_\_\_\_\_

SLSF Donation \$ \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**

**Make check payable to NWSRA**

**E-Commerce Payment**

A third of the total fee is due by each of the following dates: **9/8, 10/2, 10/30**

**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 \_\_\_\_\_ (over)

# PARTICIPANT INFORMATION FALL 2009

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.

MEDICAL CONDITIONS/NEEDS: Diabetes \_\_\_ Shunts \_\_\_ Braces \_\_\_ Canes \_\_\_ Walker \_\_\_ Glasses \_\_\_ PKU \_\_\_ G-tube \_\_\_ VNS \_\_\_  
 Trach \_\_\_ Epi-pen \_\_\_ Sign Language Assistance \_\_\_ Hearing Aid \_\_\_ Wheelchair (type) \_\_\_\_\_ (size) \_\_\_\_\_

If using a wheelchair is participant capable of transferring? Yes \_\_\_ No \_\_\_

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, open swims 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 2009

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: \_\_\_\_\_, \_\_\_\_\_

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.



**OUT ON THE TOWN**  
**OUT ON THE TOWN**  
**OUT ON THE TOWN**  
**OUT ON THE TOWN**

