



Arlington Heights • Bartlett • Buffalo Grove • Elk Grove • Hanover Park • Hoffman Estates • Inverness • Mount Prospect



Palatine • Prospect Heights • River Trails • Rolling Meadows • Salt Creek • Schaumburg • South Barrington • Streamwood • Wheeling

DAY CAMP

Session I: June 14 ~ July 16 (Not July 5)

Session II: July 19 ~ August 13

Registration Begins: Monday, March 15

Registration Deadline: Monday, April 26

Registrations are processed on a first come, first served basis.

2010

DAY CAMP GENERAL INFORMATION

Park Central, 3000 W. Central Road, Suite 205 • Rolling Meadows, IL 60008
847/392-2848 VOICE • 392-2855 TTY • 392-2870 FAX • www.nwsra.org
Office Hours: Monday through Friday, 7:30 a.m. - 5:00 p.m. during camp except holidays
After 5:00 p.m., a recorder is available for callers to leave a message

NWSRA IS . . .

NWSRA is an extension of your local park district, and provides recreation programs for individuals with disabilities. Forty full time staff support the year-round activities of NWSRA. Staff maintain certifications with state and national professional organizations, First Aid, CPR, Lifeguarding, Water Safety Instruction and Commercial Drivers Licenses. Supplemental part-time staff are students in high school, college and graduates with a desire to work with individuals with special needs.

NWSRA DAY CAMP . . . The Benefits are Endless!

Summer day camp provides summer time fun while helping campers retain skills developed during the school year. Benefits include socialization, increased motor skills and community awareness. Daily camp activities include sports, games, crafts and swimming. Field trips and special events add extra excitement to the program.

WHICH CAMP SHOULD I SELECT?

Please read the description of each camp carefully to select the appropriate camp for your child based on age, special education classification and location.

CAMP FACILITIES

Throughout the year, NWSRA works closely with facilities to reserve them for day camps. Please note that at times there are unforeseen circumstances causing location changes for camps. In the event of a location change, parents will be notified.

CAMP GROUPINGS

In camps that are offered to ages 7-21, the age groups are further broken down within the camp once all the registrations have been received. Typical age breaks include 7-10, 11-14 and 15-21 years.

LUNCH

Please send a labeled sack lunch and drink each day unless otherwise noted on the camp calendar.

CAMP CALENDARS

On the first day of camp each camper will receive a camp calendar, indicating field trip days, theme weeks, special events and parent visitation day.

SUNSCREEN/BUG SPRAY

Parents/guardians are asked to provide sunscreen and bug spray for their child. Please label the bottles with the camper's name and bring to camp on the first day. Any unused portion will be returned at the end of camp. (Please indicate permission to apply sunscreen on the registration form, item I).

DAY CAMP STAFF RATIOS

Hundreds of day camp staff are hired and assigned to day camp sites according to their interest and background. Staff are trained in areas of behavior management, activity planning, first aid and safety. The staff to camper ratio varies from 1:1 to 1:4 depending on the camp.

DISPENSING OF MEDICATION

Please indicate on the registration form if a camper will be taking prescription medication at camp. The NWSRA office will mail parents a medication packet which includes a permission form, medication envelopes, instructions and policies for providing and administering medications. All medications distributed at camp must be in NWSRA envelopes.

T-SHIRTS, CAMP BAGS and SOUVENIRS

Campers will receive a t-shirt, camp bag and souvenir on the first day of their first camp.

SWIMMING

Swimming dates will be noted on the camp calendar and vary with each camp location. Swim time includes supervised games and free swim. NWSRA makes every attempt to secure camp facilities within walking distance of local park district pools. If park district pools are not available, we will try to secure another pool, but may not have daily access. Camps swim two to three times per week.

SEIZURE PRONE SWIMMERS

If your child has seizures, they must be controlled by medication or not have occurred within the past year in order for him/her to participate at the ratio provided. If your child needs a closer ratio due to recent seizure activity, contact the camp coordinator at the NWSRA office.

CAMP AFTER CARE - see page 4

NWSRA will be offering after camp care at Kirk School in Palatine. The program is offered to all children registered in the NWSRA day camp program during Session I and runs after camp until 6:00 p.m.

NWSRA Full-Time Day Camp Staff Coordinators

Glenn Anastacio	Manager of Special Recreation Session I Day Camp Manager, ext. 245
Erin Newport.....	Manager of Special Recreation Session II Day Camp Manager, ext. 226
Katrina Koszczuk.....	Summer Explorers & Adventure Activity Camp II, ext. 258
Liz Collins.....	After Care & Camp Connections, ext. 227
Maggie Goy	Camp All Stars & Sports Camp, ext. 257
Allison Kuehlthau	Little Sprouts Camp, ext. 238
Kathy Kretch.....	Urban Adventures, ext. 259
Nick Alexander	Sunrise Camp, ext. 236
Ethan Bontly	Adventure Activity Camp I & IV, ext. 252
Katie Newport.....	Adventure Activity Camp III, ext. 237
TBA.....	Out of this World Camp

DAY CAMP GENERAL INFORMATION

REGISTRATION PROCEDURES

1. Select the camp(s) for your child based upon *ability group, age and interests*.
2. Indicate your camp choice on the registration form.
3. Return your registration form, along with payment as soon as possible. **A \$50.00 non-refundable deposit is required per camp, per child.** Don't delay, these camps are popular! Mail, fax (847/392-2870), register on-line, or drop off at the NWSRA office.

REGISTRATION INFORMATION

Get your registration form in early! Processing begins Monday, March 15. Complete the registration with fee or check payable to NWSRA on or before Monday, April 26.

Registrations are accepted on a first come/first served basis. Those registrations received after the camp has reached it's maximum number OR the registration deadline (which ever may occur first) will be put on a waiting list. Parents/Guardians will be notified if on a waiting list.

CONFIRMATION OF REGISTRATION

NWSRA will confirm registration status for camps by mailing a packet of detailed information to each participant in early June. Parents may call the office to confirm after Tuesday, April 27.

FINANCIAL ASSISTANCE/SCHOLARSHIPS

Limited dollars are available for those in need. Call the office to obtain a request form and information. Scholarships include transportation fees. ***A \$50.00 non-refundable deposit per child, per camp is required.**

*Scholarships are not awarded for the optional overnights or After Camp Care Session I.

TRANSPORTATION



Bus transportation is provided to camp from pick up points located within NWSRA's 17 member park district area. Those campers registered for transportation will be picked up and dropped off at one of the locations listed below. Please be sure to indicate on the registration form which location your child will be using. You will be contacted a few days prior to the start of camp to confirm times.

Minimum 2 campers needed at a location for bus to pick up.

NWSRA cannot guarantee that busses utilized for transportation will have air conditioning. NWSRA contracts with commercial bus companies and only a few air conditioned busses are available. NWSRA will make every attempt to provide an air conditioned bus if needed for medical reasons and it is indicated on the registration form.

- | | | | | |
|--|---|---|--|--|
| A. Alcott Center
530 Bernard St.
Buffalo Grove | D. NWSRA Office
3000 W. Central Rd.
Rolling Meadows | G. Hoffman Estates CC
1685 W. Higgins Rd.
Hoffman Estates | J. Hanover Park CC
1919 Walnut Ave.
Hanover Park | M. Birchwood Park
435 W. Illinois Ave.
Palatine |
| B. Wheeling CRC
333 W. Dundee Rd.
Wheeling | E. Frontier Park
1933 Kennicott Ave.
Arlington Heights | H. Jack Claes Pavilion
1000 Wellington Rd.
Elk Grove Village | K. Meineke Center
220 E. Weathersfield Way
Schaumburg | N. Schaumburg CRC
505 N. Springinsguth Rd.
Schaumburg |
| C. Gary Morava Center
110 W. Camp McDonald Rd.
Prospect Heights | F. Rec Plex
420 W. Dempster St.
Mt. Prospect | I. Streamwood CC
777 Bartlett Rd.
Streamwood | L. Bartlett Community Center
700 S. Bartlett Rd.
Bartlett | O. South Barrington Park District
3 Tennis Club Lane
South Barrington |

BUSSING DEADLINE: Bussing on the first day is guaranteed only to those registering by April 26.

NON-RESIDENTS

Non-residents may register after the registration deadline, as space allows, and will be subject to a 50% increase above the fee listed. Transportation is not available outside of the NWSRA service area.

DIVIDED PAYMENTS

Please indicate on the registration form in the space provided if divided payments are requested. A non-refundable \$50.00 deposit per child, per camp is required in order for the registrations to be processed. The \$50.00 deposit will be applied towards the total camp fee.

REFUNDS/CREDITS

Prorated refunds/credits will be given for the following situations: moving, illness if substantiated by doctor's note and inappropriate placement in camp.

SIBLING DISCOUNT

Families with more than one child who receives special education services, may deduct \$20.00 for each additional camper.

**Please see page 7 for
NWSRA On-line registration
procedure.**

SESSION I

3

Monday, June 14 ~ Friday, July 16

Not Monday, July 5

Which camp should I select?

Glenn Anastacio, Manager of Special Recreation, will be happy to provide you with assistance in determining the best placement for your child. Please call Glenn at 847/392-2848, ext. 245.

Parent Orientation:

Parents are encouraged to attend parent orientation on Monday, June 7 from 5:00 - 6:00 p.m. at each camp site or an alternative site if necessary. More information will be sent to all registrants in early June.

SUMMER EXPLORERS

Camps recommended for children diagnosed with developmental delays: Educable Mental Handicaps (EMH) Multiple Needs (MN), Trainable Mental Handicaps (TMH), or Autism (AUT).
7 - 21 years old

CAMP #	SITE NAME	TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4010 EMH Ages 7-10	Pleasant Hill School 434 W. Illinois Ave. Palatine	9:00 a.m. - 3:00 p.m.	1:4	30	A. Buffalo Grove B. Wheeling C. Prospect Heights D. Rolling Meadows E. Arlington Heights F. Mt. Prospect G. Hoffman Estates H. Elk Grove I. Streamwood J. Hanover Park K. Schaumburg L. Bartlett N. Schaumburg O. South Barrington	Without Bussing: \$612.00
4011 EMH Ages 11-21 <i>*See below for overnight</i>			1:4			
4130 MN/TMH/AUT Ages 7-21			1:2 - 1:3			

CAMP ALL STARS

Camps recommended for children and teens diagnosed with Behavior Disorders (BD), Attention Deficit Disorder (ADD) or Learning Disabilities (LD)
7 - 17 years old

CAMP #	SITE NAME	TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4014 LD, BD, ADD Ages 7-10	(North Site) Central Road School 3800 Central Road Rolling Meadows	9:00 a.m. - 3:00 p.m.	1:4	20	A. Buffalo Grove B. Wheeling C. Prospect Heights E. Arlington Heights F. Mt. Prospect M. Palatine	Without Bussing: \$612.00
4131 LD, BD, ADD Ages 11-17 <i>*See below for overnight</i>						
4015 LD, BD, ADD Ages 7-10	(South Site) Addams Jr. High 700 S. Springinsguth Schaumburg			20	G. Hoffman Estates H. Elk Grove I. Streamwood J. Hanover Park L. Bartlett O. South Barrington	With Bussing: \$954.00
4132 LD, BD, ADD Ages 11-17 <i>*See below for overnight</i>						

OPTIONAL OVERNIGHT

Available to campers in #4011, #4131 and #4132. Participants should be able to function in a 1:4 staff to participant ratio.

CAMP #	SITE NAME	TIMES	TRANSPORTATION	CAMP FEES
4133 Optional Overnight for 4011, 4131 & 4132	Triple R Camp Cary	Wednesday - Thursday July 7 - 8	Details will be mailed after camp starts.	\$40.00

LITTLE SPROUTS CAMP

Camps recommended for pre-schoolers diagnosed with special needs.

3 - 6 years old

CAMP #	SITE NAME	TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4020 Monday - Friday Early Childhood	(North Site) Kimball Hill School 2905 Meadow Dr. Rolling Meadows	9:00 a.m. - 3:00 p.m.	1:2 - 1:4	20	Parents are responsible for transportation to and from camp.	5 Day Fee: \$612.00
4024 Mon. - Wed. - Fri. Early Childhood						
4022 Monday - Friday Early Childhood	(South Site) Bartlett Community Center 700 S. Bartlett Rd. Bartlett					3 Day Fee: \$357.00
4026 Mon. - Wed. - Fri. Early Childhood						

URBAN ADVENTURES

Camp is recommended for individuals with physical or visual impairments. Activities include local community outings.

18 - 28 years old

CAMP #	SITE NAME	TIMES	MAX	DAYS/DATES	CAMP FEE
4070 PI/VI	Park Central/Court Yard 3000 W. Central Rd. Rolling Meadows	10:00 a.m. - 3:00 p.m.	10	Tuesdays & Thursdays June 15 - July 15	\$300.00

Please see page 6 for Urban Adventures offered during Session II!

DAY CAMP AFTER CARE

NWSRA is offering a daily after camp care program for children ages 7 years and older in Session I NWSRA day camps. Your child will be bussed from their camp site directly to the After Camp Care site, located at Kirk School in Palatine. If you are not registering for bussing to and from camp, you will need to register for one way bussing from camp to After Camp Care on the registration form.

CAMP #	SITE NAME	TIMES	DATES	MIN./MAX.	CAMP FEE
4170 All Abilities 7 Years & older	Kirk School 520 S. Plum Grove Rd. Palatine	Parents may pick up between 3:15 - 6:00 p.m.	Monday - Friday June 14 - July 16 Not July 5	15	\$330.00 No transportation fee required for campers who already receive bussing for camp. \$504.00 With transportation fee from camp to After Care.

Remember . . . Registration Deadline is April 26.

SESSION II

5

Monday, July 19 ~ Friday, August 6 or August 13

Which camp should I select?

Erin Newport, Manager of Special Recreation, will be happy to provide you with assistance in determining the best placement for your child. Please call Erin at 847/392-2848 ext. 226.

Parent Orientation:

Parents are encouraged to attend parent orientation on Thursday, July 15 from 6:00 - 7:00 p.m. Locations will be made available in the camp conformation letter. More information will be sent to all registrants in early July.

LITTLE SPROUTS CAMP

Camps recommended for pre-schoolers diagnosed with special needs.

3 - 6 years old

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION	CAMP FEES
4100 Monday - Friday Early Childhood	(North Site) Prince of Peace 1190 N. Hicks Rd. Palatine	Monday - Friday July 19 - August 13 9:00 a.m. - 3:00 p.m.	1:1 - 1:4	25	Parents are responsible for transportation to and from camp.	5 day fee: \$510.00
4101 Mon. - Wed. - Fri. Early Childhood						
4102 Monday - Friday Early Childhood	(South Site) Bartlett Community Center 700 S. Bartlett Rd. Bartlett			20		3 day fee: \$306.00
4103 Mon. - Wed. - Fri. Early Childhood						

CONGRATULATIONS to CAMP CONNECTIONS for receiving the 2009 IPRA Outstanding Program Award!

CAMP CONNECTIONS

Camp is recommended for non-ambulatory individuals with physical impairments and multiple needs.

7 - 21 years old

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4110 MH Non-Ambulatory	Kirk School 520 S. Plum Grove Rd. Palatine	Monday - Friday July 19 - August 13 10:00 a.m. - 3:00 p.m. Camp Connections Day Camp Olympics Friday, August 6	1:1 - 1:2	30	A. Buffalo Grove B. Wheeling C. Prospect Heights D. Rolling Meadows E. Arlington Heights F. Mt. Prospect G. Hoffman Estates H. Elk Grove I. Streamwood J. Hanover Park K. Schaumburg L. Bartlett M. Palatine N. Schaumburg O. South Barrington	Without Bussing: \$467.50 With Bussing from pick-up points: \$752.50 With Door-to-Door Transportation: \$957.50

ADVENTURE ACTIVITY CAMP

Camps recommended for individuals who are ambulatory and diagnosed with developmental delays:
Trainable Mental Handicaps (TMH), Severe and Profound (S/P), Autism (AUT), or Multiple Needs (MN).
7 - 21 years old

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4120 TMH, S/P, AUT, MN	(West Site) TBA	Monday - Friday July 19 - August 13 9:00 a.m. - 3:00 p.m.	1:1 - 1:3	25	A. Buffalo Grove B. Wheeling C. Prospect Heights D. NWSRA	Without Bussing: \$510.00
4121 TMH, S/P, AUT, MN	Meadows Baptist Church 2401 Kirchoff Rd. Rolling Meadows			20	C. Prospect Heights E. Arlington Heights F. Mt. Prospect	
4122 TMH, S/P, AUT, MN	Hoffman Estates Park District (Tentative) 1685 W. Higgins Hoffman Estates			15	I. Streamwood J. Hanover Park L. Bartlett O. South Barrington	With Bussing: \$795.00
4123 TMH, S/P, AUT, MN	Kimball Hill School 2905 Meadow Dr. Rolling Meadows			20	H. Elk Grove Village K. Meineke Center N. Schaumburg CRC	

URBAN ADVENTURES

Camp is recommended for individuals with physical or visual impairments. Activities include local community outings.
18 - 28 years old

CAMP #	SITE NAME	TIMES	MAX	DAYS/DATES	CAMP FEE
New! 4080 PI/VI	Park Central/Court Yard 3000 W. Central Rd. Rolling Meadows	10:00 a.m. - 3:00 p.m.	10	Tuesdays & Thursdays July 20 - August 12	\$240.00

OUT OF THIS WORLD CAMP

Camp is recommended for individuals whose primary disability is a physical or visual impairment.
7 - 21 years old

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4160 PI/VI Ambulatory or Non-Ambulatory	Out of This World Grace Lutheran Church Euclid & Wolf Roads Mt. Prospect	Monday - Friday July 19 - August 13 9:30 a.m. - 3:00 p.m.	1:2 - 1:3	20	A. Buffalo Grove B. Wheeling C. Prospect Heights D. Rolling Meadows E. Arlington Heights F. Mt. Prospect G. Hoffman Estates H. Elk Grove I. Streamwood J. Hanover Park K. Schaumburg L. Bartlett M. Palatine N. Schaumburg O. South Barrington	Without Bussing: \$467.50 With Bussing from pick-up points: \$752.50 With Door-to-Door Transportation: \$957.50

SPORTS CAMP AND SUNRISE CAMP

Camps recommended for individuals diagnosed with developmental delays: Educable Mental Handicap (EMH), Learning Disabilities (LD), Behavior Disorders (BD) or Attention Defecit Disorder (ADD)

7 - 21 years old

***If campers require a higher staff to participant ratio than 1:4, please register for the appropriate Adventure Activity Camp listed on previous page.**

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4300 EMH, LD, BD, ADD	Sports Camp Addams Jr. High 700 S. Springinsguth Schaumburg	Monday - Friday July 19 - August 13 9:00 a.m. - 3:00 p.m.	1:4*	35	A. Buffalo Grove D. Rolling Meadows G. Hoffman Estates	Without Bussing: \$510.00 With Bussing: \$795.00
4075 EMH, LD, BD, ADD	Optional Sports Camp Overnight for campers in #4300	Tuesday - Wednesday August 3 - 4		15	None	\$40.00
4071 EMH, LD, BD, ADD	Sunrise Camp Sunrise Lake Outdoor Ed Center Bartlett	3 WEEKS! Monday- Friday July 19 - August 6 9:30 a.m. - 3:00 p.m.		40	A. Buffalo Grove D. Rolling Meadows G. Hoffman Estates	Without Bussing: \$391.00 With Bussing: \$569.00
4074 EMH, LD, BD, ADD	Optional Sunrise Overnight for campers in #4071	Thursday - Friday August 5 - 6		17	None	\$40.00

SUMMERS END ADVENTURES

All Abilities, 7 - 21 years old

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4072 All Abilities	Sunrise Lake Outdoor Ed Center Bartlett	1 WEEK! Monday - Friday August 9 - 13 9:30 a.m. - 3:00 p.m.	1:2 - 1:4	40	A. Buffalo Grove D. Rolling Meadows G. Hoffman Estates	Without Bussing: \$106.25 With Bussing: \$177.50

REGISTER ON-LINE

NWSRA is committed to providing you with an easy registration process through mail, fax or online. Now you will be able to browse our programs offered by NWSRA and register for them with secure payment options.

On-line payments must be made in full.

Create an On-Line account now! Here are the three easy steps to get you started:

1. Call the NWSRA office at 847/392-2848 or download the On-Line EZ Registration Form at www.nwsra.org.
2. Complete the form and return to the NWSRA office through mail, fax or in person.
3. Wait for your on-line confirmation to be mailed to you from NWSRA. In the on-line confirmation, you will receive ONE family account number that is shared by all family members and individual participation codes for each member of the family. You will use these numbers in the On-Line EZ Registration site.

Each fall, participants are required to complete the two page NWSRA registration form, which can be mailed or faxed to the NWSRA office. Once the completed two page NWSRA registration for has been received and you have completed the three easy steps above, you will be able to register for camp On-Line. Visit the website at www.nwsra.org for more details.



2010 SUMMER DAY CAMP REGISTRATION FORM

If registering more than one participant, please complete an additional form. Return, fax or mail to NWSRA, 3000 Central Road, Suite #205, Rolling Meadows, IL 60008. Fax to 847/392-2870. Questions? Call - Voice: 847/392-2848. Would you like to be added to our mailing list, please check.

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. THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND VERIFIED BY A SIGNATURE BEFORE THE PARTICIPANT IS ALLOWED TO JOIN ANY NWSRA PROGRAM.

REGISTRATION DEADLINE: Monday, April 26.

Contact Information:

Participant's Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Home Ph. # (_____) _____ Sex: F _____ M _____ Age _____ Birthdate _____

School Name _____ Spec. Ed. Classification/Medical Diagnosis _____

School Address _____ City _____ Zip _____ 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 # _____ Father's cell # _____

Alternate Emergency Contact _____ Relationship to Participant _____

Home Ph. # (_____) _____ Work Ph. # (_____) _____

First & last names of people authorized to pick up participant _____

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

A. MEDICAL CONDITIONS/NEEDS: Diabetes ___ Shunt ___ Braces ___ Canes ___ Walker ___ Glasses ___ PKU ___ G-tube ___ VNS ___
Trach ___ Epi-pen ___ Sign Language Assistance ___ Hearing Aid ___ Wheelchair (type) _____ (size) _____

B. If using a wheelchair is participant capable of transferring? Yes ___ No ___

C. 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 ___

D. Allergies (specific) _____ Other _____

List specific medical instructions: _____

E. T-shirt size: CHILD SIZES: S(6-8) M(10-12) L(14-16) ADULT SIZES: S(34-36) M(38-40) L(42-44) XL(46-48)

F. SWIM INFORMATION: Pre-beginner ___ Beginner ___ Intermediate ___ Advanced ___

Permission for your child to use the diving board: Yes ___ No ___

G. Does your child wear a harness for transportation? Yes ___ No ___ SIZE: Small ___ Medium ___ Large ___

H. Is a bus aid required? Yes ___ No ___ Why? _____

I. Parents are asked to provide bug spray and sunscreen. Permission for staff to apply these products on your child. Yes ___ No ___

J. PHOTO PERMISSION: Photo permission for NWSRA publicity purposes. Yes ___ No ___

K. TEACHER INPUT: We would like your permission to contact your child's teacher for input on motor skills, activity preferences and socialization. Yes ___ No ___

Please fill out the following questions thoroughly so that we can best serve your child.

1. My child's favorite activities are: _____

2. My child should not eat: _____

3. Inappropriate activities: _____

4. Areas/Goals for the counselor to work toward: _____

5. Socialization skills: _____

6. Does your child exhibit any extreme behaviors or personality traits of which we should be made aware? _____

7. Toilet training: _____

8. Staff/camper ratios: If your child needs a closer ratio than what is indicated in the brochure, please indicate appropriate ratio and why.

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(_____) _____

CAMP #	CAMP/SITE NAME	*CIRCLE IF MED. IS NEEDED AT CAMP		TRANS. NEEDED YES NO		TRANS. LOCATION	CAMP FEE WITH TRANS.	CAMP FEE WITHOUT TRANS.	TOTAL FEE
		Yes	No	Yes	No				
0000	<i>Example</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A	\$\$\$\$\$\$		\$\$\$\$\$\$
		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A \$50.00 NON-REFUNDABLE DEPOSIT PER CHILD, PER CAMP IS REQUIRED.

If requesting divided payments, please check

A third of the total fee is due by May 3, May 17 and June 1.

You may charge your registration. Please check one.

American Express Discover

MasterCard Visa

Account # _____

Exp. Date ____ / ____

Subtotal _____

(-\$20 if sibling discount) _____

(past program credits if applicable) _____

Total Cost _____

Make check payable to NWSRA

E-Commerce payment

TOTAL AMOUNT ENCLOSED _____ (minimum deposit of \$50.00 per camp, per child required)

Safety

NWSRA is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. NWSRA continually strives to reduce such risks and provides safety rules and instructions to protect participants.

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, however, 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 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 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 minors 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 _____

SUMMER DAY CAMP 2010 SEIZURE INFORMATION

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 Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Tel.(H) _____ (W) _____ (C) _____

Other Emergency Contact: _____ Tel.(H) _____ (W) _____ (C) _____

Participant 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: _____, _____

- Commitment to enthusiastic service
- Collaboration for community access
- Dedication to safe and fun programs
- Respect for each individual

VALUES

To be a leading force creating greater options that enrich the life experiences of the participants, families and communities we serve.

VISION STATEMENT

We exist to provide outstanding opportunities through recreation for children and adults with disabilities.

MISSION STATEMENT

A \$50.00 non-refundable deposit per camp, per child must be included with the registration form.

Registration Begins - Monday, March 15
 Registration Deadline - Monday, April 26

DEADLINES and REMINDERS!



NORTHWEST SPECIAL RECREATION ASSOCIATION

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This material can be made available in an alternative format upon request. Please keep this brochure as a reference for dates, times and locations of **Summer 2010 Day Camps**.

Address Service Requested