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# DAY CAMP

REGISTRATION MAR. 12 - APR. 4



# DAY CAMP PROGRAMMING

## Registration Begins

March 12 , 2025

## Registration Deadline

April 4, 2025

## OFFICE HOURS

Monday - Friday

8:30 am - 5:00 pm except for holidays

Ph: (847) 392-2848

Fax: (847) 392-2870

TTY: (847) 392-2855

Video Ph: (224) 210-1616

## ABOUT NWSRA

NWSRA serves 17 northwest suburban communities in partnership with member Park Districts, providing day camps, programs, trips, special events, speciality programs and more.

## WAYS TO REGISTER



### MAIL IN

NWSRA 3000 W. Central Road, Suite 205  
Rolling Meadows, IL 60008



### FAX

(847) 392-2870 Call office to ensure receipt of fax.



### E-MAIL

E-mail fillable registration form to [office@nwsra.org](mailto:office@nwsra.org)

We accept AmEx, Discover, MasterCard, Visa. Make checks payable to Northwest Special Recreation Association.

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## MISSION

To provide outstanding opportunities through recreation for children and adults with disabilities.

## VISION

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

## VALUES

**Teamwork** Support each other and work together

**Respect** Be open, honest and kind

**Enthusiasm** Exceed expectations

**Collaboration** Combine resources to achieve common goals

**Communication** Listen, share and adapt

**Diversity** Self-evaluate, educate, celebrate, advocate and represent

Dear NWSRA Campers and Families,

Welcome to Day Camp 2025! If you are new, welcome! If you are a long-time friend, we are so happy to have you back! As we prepare for another exciting summer season, we wanted to update you on some changes to our offerings.

The Day Camp Team is excited to announce that camp has been extended one week! This additional week will hopefully provide families with the programming needed prior to the school year beginning. Additionally, the Aftercare location has been moved from Hoffman Estates to Rolling Meadows. This allows the program to be centralized for all families, staff, and transportation routes to Aftercare.

As we gear up for the summer, we will be accepting full registrations first. If you are interested in registering for camp with an altered schedule, you will be placed on a waiting list and added to camp if appropriate staffing is available based on your campers ratio and schedule.

NWSRA takes great pride in providing recreation and leisure servision to children and adults with disabilities. NWSRA's Behavior Team is of seasoned full-time staff who assist in communicating with families and teachers, and continually make proactive changes to behavior supports. The Behavior Team at NWSRA follows a Fair Play process which sets expectations for the conduct of those enrolled in our programs and services. If there are behavior supports your camper is currently using in school that has been found successful, NWSRA would like to continue those supports throughout the summer. The Day Camp and Behavior Team look forward to working with you and ensuring appropriate supports are in place for your camper's success during the summer months.

This year, we will be offering an Open House and a virtual Q & A. The Open House will take place the week prior to camp, and you will receive more information in your Camper Confirmation. During this time, you can pick up your T-Shirt and meet the Camp Coordinator and Site Director! Our virtual Q & A will allow families time to get an overview of the Parent Handbook and get any last minute questions answered before we head into the summer season.

We hope you find something that sparks your interest and fits your needs. We can't wait to make new friends, go new places and learn new things with you all!

*Rachel Hubsch Kate Moran*

**Rachel Hubsch, CTRS, CPRP**  
Superintendent of Recreation

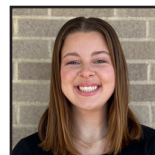
**Kate Moran, CTRS, QIDP**  
Manager of Special Recreation – Day Camps

## DAY CAMP STAFF



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**Camp Coordinator**

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**Camp Coordinator**

Jillian Trentadue  
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## CERTIFICATIONS

- CPRP** Certified Park & Recreation Professional
- CTRS** Certified Therapeutic Recreation Specialist
- DSP** Direct Support Person
- QIDP** Qualified Intellectual Disabilities Professional

## GENERAL INFORMATION

### Brochure Accuracy

Every effort has been made to assure the accuracy of information contained within this brochure. However, errors can occur and circumstances may require adjustments to fees, schedules, locations, or other aspects. NWSRA reserves the right to make such adjustments and apologizes for any inconvenience these errors or adjustments may cause.

### 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 medication envelopes, instructions and policies for providing and administering medications. All medications distributed at camps other than Camp Connections must be in NWSRA envelopes.

### Aftercare Program

Please see page 12 for details about aftercare. The program is offered to all registered campers in the NWSRA day camp program and parents can pick up anytime before 6:00 p.m. in Rolling Meadows.

### Open House

An opportunity for parents and campers to share information prior to the start of camp. More information will be e-mailed in early May. Parents should plan to attend the virtual Q & A to get an overview of the policies & parent handbook.

### Parent Handbook/Registration Confirmation

Parents/guardians are sent a parent handbook along with Camp confirmation of registration in early May. Parents are encouraged to read the Parent Handbook carefully to learn more about day camp procedures.

### Brochure Distribution

Day camp brochure will be available online and mailed to all 2024 campers. The day camp brochure will be available as a hard copy at the NWSRA office. Please call the office if you are interested in being added to the Day Camp mailing list so that you receive a brochure next year.

### Safety Vest Systems

Campers that require a harness system for transportation during summer day camp are required to provide their own safety vests. NWSRA and the commercial bus company do not provide the vests, but do provide the hook up system. Parents should contact their local school district prior to the end of the school year to request possible use of a safety vest over the summer or purchase their own vest.

## NWSRA DAY CAMP GOALS

### LEISURE AWARENESS

- Develop fine and gross motor skills
- Experience science, technology engineering, art and math through leisure
- Explore nature, adventure and sensory opportunities

### SELF AWARENESS

- Develop social/emotional skills
- Experience decision making and self-advocacy
- Explore life's purpose

### COMMUNITY AWARENESS

- Develop roles within the community
- Experience task oriented volunteer opportunities
- Explore local service projects

### HEALTH AWARENESS

- Develop dynamic lifestyle habits
- Experience unique fitness challenges
- Explore healthy activities of daily living





# little sprouts

Age: 3 - 6 years

**North Location:**

St. Thomas of Villanova  
1141 E Anderson Dr. Palatine

**South Location:**

Bartlett Community Center  
700 S Bartlett Rd., Bartlett



LITTLE SPROUTS		
Times	Max	Camp Fee per Week
8:30am - 2:30pm	15 per day	Mon. – Fri. \$240 MWF \$144   T/TH \$96 Week 4 is \$192/\$96/\$96* <small>*Includes 4 days of camp due to the July 4th Holiday</small>



## WEEKLY REGISTRATION OPTION - NORTH

Dates	Camp# M-F	Camp # MWF	Camp # T/TH
June 9 - June 13	4001	4001 B	4001 C
June 16 – June 20	4002	4002 B	4002 C
June 23 – June 27	4003	4003 B	4003 C
June 30 – July 3	4004	4004 B	4004 C
July 7 – July 11	4005	4005 B	4005 C
July 14 – July 18	4006	4006 B	4006 C
July 21 – July 25	4007	4007 B	4007 C
July 28 – August 1	4008	4008 B	4008 C
August 4 – August 8	4009	4009 B	4009 C

## WEEKLY REGISTRATION OPTION - SOUTH

Dates	Camp# M-F	Camp # MWF	Camp # T/TH
June 9 - June 13	4011	4011 B	4011 C
June 16 – June 20	4012	4012 B	4012 C
June 23 – June 27	4013	4013 B	4013 C
June 30 – July 3	4014	4014 B	4014 C
July 7 – July 11	4015	4015 B	4015 C
July 14 – July 18	4016	4016 B	4016 C
July 21 – July 25	4017	4017 B	4017 C
July 28 – August 8	4018	4018 B	4018 C
August 4 – August 8	4019	4019 B	4019 C



# Camp it up!

**Age:** 7 - 11 years

**Location:**

St. Thomas of Villanova  
1141 E Anderson Dr. Palatine



## 9-WEEK WEEKLY REGISTRATION OPTION

Dates	Days	Time	Max	Camp Fees Per Week	Camp # 5 Days
June 9 – June 13	Monday – Friday	8:30am – 2:30pm	15 per week	\$240/week	4021
June 16 – June 2	Monday – Friday			\$240/week	4022
June 23 – June 27	Monday – Friday			\$240/week	4023
June 30 – July 3	Monday – Thursday			\$192/week	4024
July 7 – July 11	Monday – Friday			\$240/week	4025
July 14 – July 18	Monday – Friday			\$240/week	4026
July 21 – July 25	Monday – Friday			\$240/week	4027
July 28 – August 1	Monday – Friday			\$240/week	4028
August 4 – August 8	Monday – Friday			\$240/week	4029



**Age:** 12 - 16 years

**Location**

Plum Grove Park  
4001 Park Dr. Palatine



## 9-WEEK WEEKLY REGISTRATION OPTION

Dates	Days	Time	Max	Camp Fees Per Week	Camp # 5 Days
June 9 – June 13	Monday – Friday	8:30am – 2:30pm	15 per week	\$240/week	4031
June 16 – June 20	Monday – Friday			\$240/week	4032
June 23 – June 27	Monday – Friday			\$240/week	4033
June 30 – July 3	Monday – Thursday			\$192/week	4034
July 7 – July 11	Monday – Friday			\$240/week	4035
July 14 – July 18	Monday – Friday			\$240/week	4036
July 21 – July 25	Monday – Friday			\$240/week	4037
July 28 – August 1	Monday – Friday			\$240/week	4038
August 4 – August 8	Monday - Friday			\$240/week	4039



# TRAILBLAZERS

**Age:** 17 - 21 years

**Location**

St. Colette Church  
3900 Meadows Drive Rolling Meadows



**9-WEEK WEEKLY REGISTRATION OPTION**

Dates	Days	Time	Max	Camp Fees Per Week	Camp # 5 Days
June 9 – June 13	Monday – Friday	8:30am – 2:30pm	15 per week	\$240/week	4041
June 16 – June 20	Monday – Friday			\$240/week	4042
June 23 – June 27	Monday – Friday			\$240/week	4043
June 30 – July 3	Monday – Thursday			\$192/week	4044
July 7 – July 11	Monday – Friday			\$240/week	4045
July 14 – July 18	Monday – Friday			\$240/week	4046
July 21 – July 25	Monday – Friday			\$240/week	4047
July 28 – August 1	Monday – Friday			\$240/week	4048
August 4 – August 8	Monday – Friday			\$240/week	4049





# 5 WEEK CAMPS



## Camp High Five

**Age:** 7 - 10 years

**Location:**

St. Thomas of Villanova  
1141 E Anderson Dr. Palatine



### FULL 5-WEEK REGISTRATION

Dates	Days	Time	Max	Camp Fees	Camp #
July 7 – August 8	Monday – Friday	8:30am – 2:30pm	15	\$1200	4081



## PATHFINDERS

**Age:** 11 - 13 years

**Location:**

Pleasant Hill School  
434 W. Illinois Ave. Palatine



### FULL 5-WEEK REGISTRATION

Dates	Days	Time	Max	Camp Fees	Camp #
July 7 – August 8	Monday – Friday	8:30am – 2:30pm	15	\$1200	4082



# Camp Wonders

**Age:** 14 - 17 years

**Location:**

St. Colette School  
3900 Meadows Dr., Rolling Meadows



## FULL 5-WEEK REGISTRATION

Dates	Days	Time	Max	Camp Fees	Camp #
July 7 – August 8	Monday – Friday	8:30am – 2:30pm	15	\$1200	4083

# VOYAGERS

**Age:** 18 - 21 years

**Location:**

St. Colette School  
3900 Meadows Dr. Rolling Meadows



## FULL 5-WEEK REGISTRATION

Dates	Days	Time	Max	Camp Fees	Camp #
July 7 – August 8	Monday – Friday	8:30am – 2:30pm	15	\$1200	4084



## SPECIALITY CAMPS



# SUNRISE

**Age:** 7 - 13 | 14 - 21 years

**Location:**

Sunrise Lake Outdoor Education Center  
401 Illinois Rte 59, Bartlett



*Sunrise is full of adventure, nature and unique experiences that will create independence and lifelong skills. Campers will participate in activities such as boating, fishing, archery, special projects, nature walks, and swimming in the lake.*

### FULL 5-WEEK REGISTRATION

Dates	Days	Time	Max	Ratio	Camp Fees	Camp # Youth	Camp # Teen
July 7 – July 11	Monday – Friday	9:00am – 3:00pm	5 per week	1:4 (There is one 1:1 spot available in each age group)	\$250/week	4061	4066
July 14 – July 18					\$250/week	4062	4067
July 21 – July 25					\$250/week	4063	4068
July 28 – August 1					\$250/week	4064	4069
August 4 – August 8					\$250/week	4065	4070



# CAMP CONNECTIONS

**Age:** 7 - 13 | 14 - 21 years

**Location:**

Little City  
1760 W. Algonquin Rd. Palatine



*Camp Connections is designed for individuals who have multiple medical needs and utilize ambulatory assistance. If needed, NWSRA will partner with a nursing agency to attend to the medical care of those attending.*

### FULL 5-WEEK REGISTRATION

Dates	Days	Time	Max	Camp Fees	Camp # Youth	Camp # Teen
July 7– July 11	Monday – Friday	9:00am – 3:00pm	5 per week	\$250/week	4071	4076
July 14 – July 18				\$250/week	4072	4077
July 21 – July 25				\$250/week	4073	4078
July 28 – August 1				\$250/week	4074	4079
August 4 – August 8				\$250/week	4075	4080



**DISTRICT CAMPS**

Extend your school day by exploring recreation, enhancing motor skills, and increasing peer interaction. During the day, campers will eat lunch, participate in water-play activities, and a variety of recreational activities and games. On Fridays, campers will experience a community field trip. Extend your camper's summer by registering for our weekly camps!

**D54**

**4085 Location:**

Adlai Stevenson Elementary School  
1414 Armstrong Ln.  
Elk Grove Village

**4086 Location:**

Armstrong Elementary School  
1320 Kingsdale Rd.  
Hoffman Estates



**Transportation**

School District 54 will provide transportation home from camp. Any questions on transportation should be directed to School District 54. Please note there is no transportation provided on Fridays.

Dates	Days	Time	Max	Camp Fees	Camp #
June 10 – July 16 (Not June 19, July 3 & 4)	Monday–Friday	Mon. – Thurs. 11:30am – 3:00pm	15	\$768	4085: EC-Exiting 2nd Grade
		Fri. 8:30am – 3:00pm			4086: 3rd Grade - Entering 8th Grade

**D15**

**Location:**

Marion Jordan Elementary School  
100 N Harrison Ave Palatine



Please contact Kate Moran if your child will be attending a District 15 ESY program not hosted at Marion Jordan to allow ample time for NWSRA and CCSD15 to arrange transportation to camp.

Dates	Days	Time	Max	Camp Fees	Camp #
June 17 – July 16 (Not June 19, July 3 & 4)	Monday–Friday	Mon. - Thurs. 12:00pm – 3:00pm Fri. 8:30am – 3:00pm	20	\$592	4087: All ESY students

# Aftercare



This is a low structured program allowing campers to relax after a full day of fun! There will be a variety of choices to choose from and will allow campers to direct their own afternoon. Campers should be sent with a water bottle and a snack for this program. Campers must be picked up no later than 6:00pm. There is no transportation provided following this program.

Please list out days attending Aftercare on the Day Camp Registration Form. The fee is \$28 per day. Please indicate that you need Transportation to Aftercare.

**Location:**

Rolling Meadows Community Center –  
NWSRA Wing  
3705 Pheasant Drive  
Rolling Meadows

Dates	Camp #
June 9 – June 13	4051
June 16 – June 20	4052
June 23 – June 27	4053
June 30 – July 3	4054
July 7 – July 11	4055
July 14 – July 18	4056
July 21 – July 25	4057
July 28 – August 1	4058
August 4 – August 8	4059



# Transportation



NWSRA will be partnering with Grand Prairie Transportation for Day Camp Routes and Charters. Rachel Hubsch will be emailing families pickup and drop off times at least one week prior to the first day of camp. Email [rhubsch@nwsra.org](mailto:rhubsch@nwsra.org) with any questions regarding transportation.

Transportation Days	One Way Pick Up Point Fee	Round Trip Pick Up Point Fee	One Way Door to Door Fee	Round Trip Door to Door Fee
<b>2 Days (Little Sprouts Only)</b>	\$15	\$30	\$25	\$50
<b>3 Days (Little Sprouts Only)</b>	\$22.50	\$45	\$37.50	\$75
<b>5 Days (Weekly Camp)</b>	\$37.50	\$75	\$62.50	\$125
<b>5 Days (5 Week Camp)</b>	\$187.50	\$375	\$312.50	\$625
<b>One Way Transportation to Aftercare</b>		\$7.50 per day (if round trip transportation is not selected)		

Transportation Locations	
<b>NWSRA Office</b> 3000 W. Central Road Rolling Meadows	<b>Hanover Park Community Center</b> 1919 Walnut Avenue Hanover Park
<b>Central Community Center</b> 1000 W. Central Road Mount Prospect	<b>Jack A. Claes Pavilion</b> 1000 Wellington Avenue Elk Grove Village
<b>Fitness Center at the Buffalo Grove Park District</b> 601 Deerfield Parkway Buffalo Grove	<b>Falcon Park</b> 2195 N. Hicks Road Palatine
<b>Wheeling Community Recreation Center</b> 100 Community Boulevard Wheeling	<b>Door to Door</b> The pick-up and drop-off address must remain consistent throughout the summer due to the nature of the routes.
<b>Vogelei Park and Barn</b> 650 W. Higgins Road Hoffman Estates	<b>Transportation to Aftercare</b> Located at Rolling Meadows Community Center

## REGISTRATION INFORMATION

### Registration Procedures

1. Select the camp(s) for your child based upon ability group, age and interests.
2. Indicate your camp and transportation 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 camper.

Don't delay, these camps are popular!  
Mail, fax (847/392-2870) or drop off at the NWSRA office.

### Registration Information

Registration begins at 8:30 am on Wednesday, March 12 and closes at 5pm on Friday, April 4. Completed registration forms and PIFs will be processed in the order they were received.

**Registration forms received prior to registration opening will be postmarked at 5pm on the second day of registration. Incomplete registration forms may incur a delay in processing.**

Those registrations received after the camp has reached its maximum number OR the registration deadline (which ever may occur first) will be put on a waiting list. Parents/guardians/residential staff will be notified if camper is on a waiting list via email.

### Financial Assistance/Scholarships

Financial Assistance is available for those in need of assistance with day camp fees. Call the office to obtain a Day Camp Financial Assistance application form. Those requesting a scholarship are still required to pay the \$50.00 non-refundable deposit per camper.

### NWSRA Payment Procedures

NWSRA registrants have two options for making payments toward NWSRA programs. Registrants may either pay in full at the time of registration or have payments automatically withdrawn over the course of three payment dates via a credit card. **We accept Amex, Discover, MasterCard, Visa.**

If a registrant chooses the option to have payments automatically withdrawn for a registration, they must request the automatic withdrawal by checking the box on the registration form, and the NWSRA office will contact you. The registrant must provide a valid credit card.

### Potential Date Changes

Due to the number of snow days that were utilized over the winter months, some school districts may be extending their school year end dates. Day camp dates will be adjusted to accommodate those date changes. Parents will be notified if any changes are necessary.

### 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. If space allows, non-residents will be contacted. If an individual attends a school within NWSRA's footprint, or attends PURSUIT, they will qualify for in district rates.

### Refunds/Credits

**A full refund or credit may be issued in the following case:**

1. A program is canceled by NWSRA.
2. Inclement weather or leader absence occurs, causing program cancellation. However, NWSRA will try to reschedule the activity prior to issuing a credit or refund.
3. A participant was placed on the waiting list, the program is full and the participant is unable to enter the program.

**A full refund or credit may be issued with a \$5.00 service fee if the following requirements are met: NWSRA has not incurred costs due to purchase of tickets, rentals, deposits, etc., a 48-hour notice must be given to NWSRA and vacancy caused by cancellation filled. A pro-rated refund or credit may be issued with a \$5.00 service fee if NWSRA has incurred costs due to purchase of tickets, rentals, deposits, etc. Following are the scenarios in which a credit or refund may be given:**

1. In the event of prolonged illness or moving. A doctor's note is required for illness.
2. A participant cancels out of a program or transportation prior to the start of the program.
3. The program is deemed inappropriate for the participant by NWSRA.

### Sibling Discount

Families with more than one camper registering for camp, may deduct \$50.00 for each additional camper.





# REGISTRATION FORM



Please check this box if there is any information within the registration form that has changed from the previous season.

Registration forms received prior to registration opening will be postmarked at 5pm on the second day of registration.

**PARTICIPANT'S INFORMATION:**

Participant's Name (Legal Last) \_\_\_\_\_ (Legal First) \_\_\_\_\_ (Preferred) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Park District \_\_\_\_\_ Township \_\_\_\_\_ If you **DO NOT** wish to give photo/video permission, please initial here \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Diagnosis \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  Adult  Child

Residential Facility Name \_\_\_\_\_ In case of emergency at program please contact \_\_\_\_\_

School/Day Center attending \_\_\_\_\_ Home School District (If different from attending) \_\_\_\_\_

Teacher/QIDP \_\_\_\_\_ E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Permission to contact above, please initial here \_\_\_\_\_ Participant is own guardian  Yes  No Staffing Ratio:  1:1  1:2  1:4  Independent

I agree for NWSRA staff to apply sunscreen and/or bug spray to my child  Yes  No I want my child receive a daily Note Home  Yes  No

**Ethnicity**

American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  White

Middle Eastern or North African  Native Hawaiian or Pacific Islander  Not Listed (please specify) \_\_\_\_\_

**Gender Pronoun**  He  She  They  Not Listed (please specify) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**Parent/Guardian 1** (Legal Last) \_\_\_\_\_ (Legal First) \_\_\_\_\_ Guardian Type \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Method  Home  Cell  Work  E-mail \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_  Opt in to receive text communication about programming

**Parent/Guardian 2** (Legal Last) \_\_\_\_\_ (Legal First) \_\_\_\_\_ Guardian Type \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Method  Home  Cell  Work  E-mail \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_  Opt in to receive text communication about programming

EMERGENCY CONTACT	NAME OF AUTHORIZED INDIVIDUALS FOR PICKUP	PHONE NUMBER(S)
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Would you like to be added to our mailing/e-mail list? Check here

**SAFETY INFORMATION**

NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. 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 registering for the programs listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs. You are solely responsible for determining if you or your participant are physically fit and/or skilled for the activities contemplated by this agreement.

**RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the above identified programs, 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 participant might sustain as a result of participating in any and all activities connected with and associated with said programs (including transportation services, when provided.) Recreational programs and 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 or 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, participant misconduct, 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 NWSRA to guarantee absolute safety. I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my participant or I may sustain as a result of said participation. I do hereby fully release and forever discharge NWSRA from any and all claims for injuries, damages, or loss that my participant or I may have or which may occur to me or my participant and arising out of, connected with, or in any way associated with these programs.

I have read and fully understand the above safety information, and release of all claims and assumptions of risk. If registering on-line, fax or e-mail, your electronic or photocopy signature shall substitute for and have the same legal effect as an original form signature.

Form Prepared by \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Adult participant if own guardian or parent/guardian

- If form has been prepared by someone other than participant. Participant must be made aware.
- For enhanced safety measures, photos will be required for all participants in programming. If you have not submitted a photo previously, please email it to office@nwsra.org

# NWSRA REGISTRATION

PARTICIPANT NAME \_\_\_\_\_ SEASON/YEAR \_\_\_\_\_

PROGRAM #	CAMP NAME	MEDS TAKEN AT CAMP YES <input type="checkbox"/> NO <input type="checkbox"/>	PROGRAM FEE	AFTERCARE #	CIRCLE DAYS M T W TH F	AC FEE	
Transportation	One Way, To <input type="checkbox"/> Round Trip <input type="checkbox"/>	One Way, From <input type="checkbox"/> Door-to-Door <input type="checkbox"/>	Aftercare <input type="checkbox"/> Trans. Only <input type="checkbox"/>	PICK UP LOCATION	DROP OFF LOCATION	TRANS FEE	TOTAL FEE

PROGRAM #	CAMP NAME	MEDS TAKEN AT CAMP YES <input type="checkbox"/> NO <input type="checkbox"/>	PROGRAM FEE	AFTERCARE #	CIRCLE DAYS M T W TH F	AC FEE	
Transportation	One Way, To <input type="checkbox"/> Round Trip <input type="checkbox"/>	One Way, From <input type="checkbox"/> Door-to-Door <input type="checkbox"/>	Aftercare <input type="checkbox"/> Trans. Only <input type="checkbox"/>	PICK UP LOCATION	DROP OFF LOCATION	TRANS FEE	TOTAL FEE

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You may charge your registration. Please check one.  
 American Express  Discover  MasterCard  Visa  
 Account # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ CVC# \_\_\_\_\_  
 If paying in full, please check here   
 If requesting a payment plan, please check here   
 By checking the pay in full or the payment plan box on the registration form, I authorize NWSRA to automatically withdraw payments according to the schedule listed within the registration information section of the brochure.



Total Program Cost: \_\_\_\_\_  
 Program Credits: \_\_\_\_\_  
 SLSF Donation: \_\_\_\_\_  
 Total Enclosed: \_\_\_\_\_

**Make check payable to NWSRA  
 All past balances must be paid in full prior to registration.**

**Send us your Registration Form!** MAIL IN: NWSRA 3000 W. Central Road, Suite 205 Rolling Meadows, IL 60008  
 FAX: 847/392-2870 Call office to ensure receipt of fax.  
 E-MAIL: E-mail fillable registration form to office@nwsra.org



# PARTICIPANT INFORMATION FORM

This form must be completed annually



Please check this box if there is any information within the participant information form that has changed from the previous season.

Participant's Name (Legal Last) \_\_\_\_\_ (Legal First) \_\_\_\_\_ (Preferred) \_\_\_\_\_

What are the participant's preferred activities? How does participant react?

What activities does the participant not prefer? How does participant react? Effective staff support/response?

What are the effective transition techniques (timers, countdowns)?

**SENSORY:** What kind of sensory experiences does participant seek or avoid?

Sound	Touch	Visual	Taste	Smell	Movement
<input type="checkbox"/> Seeks <input type="checkbox"/> Avoids	<input type="checkbox"/> Seeks <input type="checkbox"/> Avoids	<input type="checkbox"/> Seeks <input type="checkbox"/> Avoids	<input type="checkbox"/> Seeks <input type="checkbox"/> Avoids	<input type="checkbox"/> Seeks <input type="checkbox"/> Avoids	<input type="checkbox"/> Seeks <input type="checkbox"/> Avoids

**COMMUNICATION:**

Is English the participant's primary language?  Yes  No (If no, list primary language): \_\_\_\_\_

How does participant communicate? (verbal, sign language, eye movement, picture boards, iPad, etc.)

Is participant capable of giving staff instruction or should staff rely on guardian comments only? (i.e.:food requests, personal care information)

**ASSISTIVE DEVICES:**

Wheelchair  Braces  Canes  Walker  Glasses  Sign Language Assistance  Hearing Aids  Augmentative Communication Device

Additional \_\_\_\_\_ If using a wheelchair is participant capable of transferring?  Yes  No Wheelchair Type  Manual  Power  Amigo

Does participant wear braces (AFOS, SMOS, etc?) Describe how/when to put on and take off.

Can participant walk with assistance or walk independently? Please describe:

**PARTICIPANT TRANSFERS:**

Please check the amount of staff assistance necessary when conducting a transfer:

- Independent. No assistance necessary.
- Stand-by of supervision. May be potential for loss of balance.
- Transfer with one person. Minimal assistance. Participant can bear weight.
- Transfer with one person. Maximum assistance. Participant cannot bear weight.
- Transfer with two people needed.
- Equipment needed for transfer. (list below)

Specific instructions regarding transfers and how much time participant should be out of the wheelchair?

# PARTICIPANT INFORMATION

Participant Initials \_\_\_\_\_

## TRANSPORTATION NEEDS:

- Harness Securement (parent provides vest)  Seatbelt Lock  Oxygen Tank Securement  Bus Aide If yes, Reason \_\_\_\_\_  
 Participant drives self  Participant is able to wait independently for transportation Wheelchair straps needed:  Foot straps  Chest straps  Seatbelt  
Additional \_\_\_\_\_

## SWIMMING: (check all that apply)

- Participant can swim independently  Participant needs assistance while in the pool (list out specific assistance below)  
 Does not go into pool. (list reason below)  Request one to one staffing in the pool (list reason and describe below)

Describe specific assistance needed in the pool and/or locker room and if pool entry requires transfer assistance from a wheelchair, please describe the process:

## TOILETING & CHANGING: (check all that apply)

- Needs verbal prompts for toileting/changing (explain below)  Uses pull up/diaper only (specific training required)  Uses toilet independently  
 Uses toilet, but wears pull up/diapers  Needs physical assistance (specific training required)  Changes independently

Additional/Specific Information: List out frequency of toileting/changing

## EATING: (check all that apply)

- Eats independently, no assistance needed  Needs physical assistance for feeding (list specifics below)  Can only use specific utensils/equipment  
 Uses feeding tube (specific training required)  Needs specific consistency for food and drink (list below)  Can only eat what is packed (list allergies or diet plan)

Additional/Specific Information:

## BEHAVIOR:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Wander or leaves the group            | <input type="checkbox"/> Has specific triggers, list below       | <input type="checkbox"/> Physically/Verbally aggressive (circle one or both)      |
| <input type="checkbox"/> Will ask for assistance when needed   | <input type="checkbox"/> Has Behavior Plan                       | <input type="checkbox"/> Will take others belongings or food (circle one or both) |
| <input type="checkbox"/> Easily distracted/difficulty focusing | <input type="checkbox"/> Runs away/flight risk                   | <input type="checkbox"/> Exhibits self-injurious behaviors, list below            |
| <input type="checkbox"/> Recognizes danger                     | <input type="checkbox"/> Unable to communicate needs             | <input type="checkbox"/> Typical Personality _____                                |
| <input type="checkbox"/> Anxiety when separated from family    | <input type="checkbox"/> Has specific fears/concerns, list below | <input type="checkbox"/> Other _____  |



## PARTICIPANT INFORMATION

**MEDICATION:** In case of an emergency NWSRA is requesting a list of medications participant currently is taking or is prescribed. If medication needs to be administered at program by an NWSRA staff, please sign the waiver and release statement below. Please list all medications below or attach a Physicians order sheet.

Doctor's First Name \_\_\_\_\_ Doctor's Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

NAME OF MEDICATION		NAME OF MEDICATION	
DESCRIPTION		DESCRIPTION	
DOSAGE		DOSAGE	
TIME		TIME	
TAKE AT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	TAKE AT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFRIGERATION NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	REFRIGERATION NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISPENSING INSTRUCTIONS		DISPENSING INSTRUCTIONS	
SIDE EFFECTS		SIDE EFFECTS	

NAME OF MEDICATION		NAME OF MEDICATION	
DESCRIPTION		DESCRIPTION	
DOSAGE		DOSAGE	
TIME		TIME	
TAKE AT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	TAKE AT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFRIGERATION NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	REFRIGERATION NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISPENSING INSTRUCTIONS		DISPENSING INSTRUCTIONS	
SIDE EFFECTS		SIDE EFFECTS	

NAME OF MEDICATION		NAME OF MEDICATION	
DESCRIPTION		DESCRIPTION	
DOSAGE		DOSAGE	
TIME		TIME	
TAKE AT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	TAKE AT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFRIGERATION NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	REFRIGERATION NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISPENSING INSTRUCTIONS		DISPENSING INSTRUCTIONS	
SIDE EFFECTS		SIDE EFFECTS	

ALLERGY/INTOLERANCE (SPECIFY)	REACTION

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to receive the above treatment(s) as directed by the physician. I will provide all supplies needed to provide the treatment. I will notify NWSRA in writing of any changes in the treatment. I understand that an NWSRA staff will assist in the above treatment.

**WAIVER AND RELEASE OF ALL CLAIMS**

I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that the participant may sustain as a result of administered above treatment to the participant. I further agree to waive and relinquish all claims I or the participant may have (or may accrue to the participant) as a result of failing to or negligent administered above treatment to the participant against NWSRA, including it officials, employees, agents and volunteers. I do hereby fully release and forever discharge NWSRA from any and all claims for injuries, damages, or loss the participant may have or which may accrue, and arising out of, connected with, or in any way associated with the dispensing or administration of medication.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

# PARTICIPANT INFORMATION

Participant Initials \_\_\_\_\_

<b>Participant's Full Name:</b>	<b>Date Completed:</b>
<b>Person Completing the Form:</b>	<b>Relationship to Participant:</b>

**MEDICAL CONDITIONS/NEEDS:**

Seizures  Diabetes  Epi-Pen  G-tube/J-tube  Suctioning (oral/nasal)  Osteotomy bag  Inhaler  Oxygen  Temperature Sensitivity  Shunts

Additional \_\_\_\_\_

**MEDICAL CONDITIONS/NEEDS (CONSIDERED TOO INVASIVE FOR NWSRA STAFF):**  Tracheostomy  Suctioning (Deep)  Catheter  
 \*If you checked any of the "too invasive" procedures for NWSRA, a member of the admin team will contact you.

**SEIZURE INFORMATION:**

SEIZURE TYPE	DATE DIAGNOSED	LENGTH	FREQUENCY	DESCRIPTION	DATE OF LAST SEIZURE

1. What might trigger a seizure in the participant? \_\_\_\_\_
2. Are there any warnings and or behavior changes before the seizure occurs? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
3. Has there been any recent change in the participant's seizure patterns? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
4. How does the participant react after a seizure is over? \_\_\_\_\_
5. How do other illnesses affect the participant's seizures? \_\_\_\_\_
6. What first aid/support should be given after a seizure has occurred? \_\_\_\_\_
7. Please describe what constitutes an emergency for the participant? \_\_\_\_\_
8. Has the participant ever been hospitalized for continuous seizures? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
9. What is the best way for us to communicate with you about the participant's seizure(s) \_\_\_\_\_
10. Is there any other information that NWSRA should know? \_\_\_\_\_
11. Does your child have a Vagal Nerve Stimulator Yes \_\_\_ No \_\_\_ If yes, please describe instructions for appropriate magnet use: \_\_\_\_\_
12. What medication(s) is the participant prescribed for seizures? \_\_\_\_\_

MEDICATION	DATE STARTED	DOSAGE	FREQUENCY AND TIME OF DAY TAKEN	POSSIBLE SIDE EFFECTS

**DIABETES INFORMATION:**

1. What supplies are needed for participants diabetes care? (testing kit, calorie book, etc.) \_\_\_\_\_
2. List step by step instructions of testing blood sugar: \_\_\_\_\_

TESTING FREQUENCY	BASELINE # RANGE	HIGH # RANGE	LOW # RANGE

3. How does participant count/check carbohydrates? \_\_\_\_\_

**EPI-PEN INFORMATION:**

1. Where will Epi-Pen be kept? \_\_\_\_\_

ALLERGY	SEVERITY OF ALLERGY	REACTION

2. List step by step protocol for use of Epi-Pen: \_\_\_\_\_

3. Check all that apply:  Participant is aware of allergy / knows what foods/items to avoid  Participant is **NOT** aware of allergy / will **NOT** avoid foods/items allergic to  
 Participant administers own Epi-Pen  NWSRA Staff administers Epi-Pen



Participant Initials \_\_\_\_\_

**G-TUBE/J-TUBE INFORMATION:**

1. Type of j/g-tube:  Pump  Bag  Syringe If pump, what rate should it run at? \_\_\_\_\_
3. What time(s) for feeding? \_\_\_\_\_
4. Quantity of food: \_\_\_\_\_ Quantity of water during feeding/throughout the day: \_\_\_\_\_
5. Is the food and water mixed or does the water follow as a flush? \_\_\_\_\_
6. Does participant receive feeding sitting up or laying down? \_\_\_\_\_ Duration of feeding? \_\_\_\_\_
7. Does participant need to stay upright after feeding? If yes, how long? \_\_\_\_\_
8. Can participant take solid food or liquids orally or only through g-tube? \_\_\_\_\_

**In the event that the tube comes out, NWSRA considers replacement of any tubes as too invasive for NWSRA staff. If a nurse is available they can use the replacement kit that is provided. If a nurse is unavailable/unable to replace the tubes, the parent/guardian will be called. If the parent/guardian is unreachable EMS will be called.**

**SUCTION INFORMATION:**

1. What type of suctioning is needed?  Nasal  Oral Type of device used? \_\_\_\_\_
3. Signs/symptoms that suctioning is needed? \_\_\_\_\_
4. How often does participant need suctioning? \_\_\_\_\_
5. Specific instructions for suctioning procedure: \_\_\_\_\_

**In the event that deep suctioning is needed, NWSRA considers this procedure as too invasive for NWSRA staff. If a nurse is available they can perform deep suctioning with materials provided. If a nurse is unavailable/unable to perform the deep suctioning, the parent/guardian will be called. If the parent/guardian is unreachable EMS will be called.**

**OSTOSTOMY BAG:**

**INHALER INFORMATION:**

**OXYGEN INFORMATION:**

**TEMPERATURE SENSITIVITY INFORMATION:**

**SHUNT INFORMATION:**

**ADDITIONAL MEDICAL CONDITIONS AND NEEDS THAT NWSRA SHOULD BE AWARE OF:**

MEDICAL CONDITION/NEED	ADDITIONAL INFORMATION

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to receive the above treatment(s) as directed by the physician. I will provide all supplies needed to provide the treatment. I will notify NWSRA in writing of any changes in the treatment. I understand that an NWSRA staff will assist in the above treatment.

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SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_



NORTHWEST SPECIAL RECREATION ASSOCIATION  
3000 W. Central Rd., Suite 205 • Rolling Meadows, IL 60008  
847/392-2848 • 392-2855 TTY • 392-2870 FAX • [www.nwsra.org](http://www.nwsra.org)

**REGISTRATION BEGINS**  
MARCH 12, 2025

**REGISTRATION DEADLINE**  
APRIL 4, 2025

**9 WEEK CAMP DATES**  
JUNE 9 - AUGUST 8

**5 WEEK CAMP DATES**  
JULY 7 - AUGUST 8

