

# SUMMER 2021

## SEASONAL PROGRAM BROCHURE



### SUMMER PROGRAM DATES

JUNE 14 - AUGUST 13

### REGISTRATION DATES

RESIDENTS ONLY - PRIORITY

MAY 17 - MAY 21

RESIDENT/NON-RESIDENT/CO-OP

MAY 24 - MAY 28

VIRTUAL PROGRAMS

MAY 17 - MAY 28



# S U M M E R 2 0 2 1 SEASONAL PROGRAM BROCHURE

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South West Special Recreation (SWSRA) is a special recreation agency comprised of the Alsip Park District, Blue Island Park District, Hickory Hills Park District, Village of Merrionette Park, Midlothian Park District, Palos Heights Recreation Department, Posen Park District, and Worth Park District. SWSRA was formed in 1981 to provide year-round quality recreation programs and services for individuals with disabilities or special needs.

SWSRA programs are designed to increase independence and enhance the quality of life for each individual. SWSRA is now in its 40th year of providing recreation for special populations in the south suburban area. A wide variety of programs are available for individuals from early childhood through adulthood. Programs are designed to meet the individual recreation needs of any person who is in special education classes, participates in a sheltered workshop, is referred to SWSRA from a local hospital or rehabilitation center, or whose special needs restrict or prohibit their participation in traditional park district or recreation department programs. This would include individuals who have varying degrees of physical or mental disabilities, learning disabilities, behavior disorders, and hearing or visual impairments.

## BOARD OF DIRECTORS

Jeannette Huber	Alsip Park District	Dominic Egizio	Midlothian Park District
Thomas Wogan	Blue Island Park District	Matt Fairbanks	Palos Heights Recreation Dept.
Jennifer Fullerton	Hickory Hills Park District	T.J. Whitcomb	Posen Park District
Michelle Higgins	Village of Merrionette Park	Robert O'Shaughnessy	Worth Park District

## ADMINISTRATION & RECREATION TEAM

### **Dawn Kehoe**

*Interim Director/Business Manager*

[dckehoe@swsra.com](mailto:dckehoe@swsra.com)

708-389-9423

### **Susan Prieboy, CTRS**

*Superintendent of Recreation*

[sprieboy@swsra.com](mailto:sprieboy@swsra.com)

708-997-2738

### **Marina Uher, CTRS**

*Recreation Supervisor*

[muher@swsra.com](mailto:muher@swsra.com)

708-997-2739

### **Brittany Izzo**

*Recreation Specialist*

[bizzo@swsra.com](mailto:bizzo@swsra.com)

708-997-2739

### **Paula Marr**

*PR /Marketing & Outreach*

[pmarr@swsra.com](mailto:pmarr@swsra.com)

708-389-9423

### **Patti Swiney**

*Office Clerk*

[pswiney@swsra.com](mailto:pswiney@swsra.com)

708-389-9423

**SWSRA Main Office:** 12521 South Kostner Avenue, Alsip, IL 60803

Phone: 708-389-9423 - Fax: 708-389-6458 - Website: [www.SWSRA.com](http://www.SWSRA.com)

## MISSION STATEMENT

Our mission is to serve individuals with disabilities in their need for recreation so that all persons in our member communities may experience and enjoy positive leisure opportunities.

## VISION STATEMENT

SWSRA will be the leading community-based provider of quality special recreation programs for individuals with disabilities and is consistently setting new standards of value to meet the changing needs of our participants and our member communities.

***SWSRA will not be liable for typographical errors, incorrect insertions or omissions contained in this brochure publication. In addition, information is subject to change without notice.***



*Save the Dates*

# **40th Anniversary Celebration Events**

June 25, 26, 27, 2021

**Virtual Race for the Stars  
Run, Stroll, or Roll  
Fundraiser**

August 2021

**Drive-In  
BINGO  
Fundraiser**

Saturday, October 2, 2021

**Tee-Up Fore SWSRA  
Golf Outing  
Fundraiser**  
Fountain Hills G.C. - Alsip, IL

November 2021

**GIVING TUESDAY  
Double Good  
Popcorn  
Fundraiser**

December 2021

**Painting  
Party  
Fundraiser**

January 2022

**Super Bowl  
Big TV  
Raffle**

February 2022

**40th  
Anniversary  
BIG GALA  
Celebration!**

Mark your Calendars and Celebrate  
SWSRA's 40th Anniversary leading up to our  
Big Gala Celebration in February 2022.

***Events are subject to change without notice.  
Please call our main office at 708-389-9423 or  
visit our website at [www.SWSRA.com](http://www.SWSRA.com)***

# T-SHIRT DESIGN CONTEST

*LAST CHANCE!!  
Submit Your SWSRA  
T-Shirt Design  
by May 14th*

## *SWSRA* **T-SHIRT DESIGN** *Contest*

*Winner will receive a  
FREE T-Shirt  
with their design!*



*Celebrating SWSRA's 40th Anniversary!*



*Submit an appropriate drawing,  
phrase, or picture of what you feel  
best represents SWSRA.*

**DESIGN MUST BE ONE COLOR!**

*Accepting Submissions*  
**May 3 - May 14**

*Submit your design to Marina at  
muher@swsra.com or ATTN: Marina Uher  
12521 S. Kostner Ave., Alsip, IL 60803*

*Voting will take place*  
**May 17 - May 21**

*The winning design will be  
submitted for printing and will  
be available for purchase!*

# REGISTRATION DATES

## RESIDENTS ONLY - PRIORITY REGISTRATION

**MAY 17 - MAY 21**

Please keep in mind our space is limited and in high demand. We encourage residents to enroll during this priority period. Registration will be processed on a first-come, first-serve basis.

## RESIDENT/NON-RESIDENT/CO-OP REGISTRATION

**MAY 24 - MAY 28**

## VIRTUAL PROGRAM REGISTRATION DATES

**MAY 17 - MAY 28**

### IMPORTANT NOTICE:

We require a Master form for ALL Virtual Programs.

The Master Form can be found on pages 17 & 18.

Please email the completed form to Patti at [pswiney@swsra.com](mailto:pswiney@swsra.com)

**ONLINE REGISTRATION IS AVAILABLE ON OUR WEBSITE:**

**[WWW.SWSRA.COM/PROGRAMS](http://WWW.SWSRA.COM/PROGRAMS)**

## PARTICIPATION AGE GUIDE

To help select the appropriate program for yourself/child, please use this guide to assist you.

Please note that some of these may overlap due to cognitive level variations.

SWSRA staff may determine appropriate placement if necessary.

**Early Childhood:** Ages 3-7

**Youth:** Ages 8-12

**Teen:** Ages 13-17

**Adult:** Ages 18 & Up

## SWSRA PROGRAM LOCATIONS

### Worth Community Center

10707 S. Oak Park Avenue - Worth, IL 60482

### Peaks Park

10707 S. Oak Park Avenue - Worth, IL 60482

### Burr Oak Bowl

3030 W. 127th Street, Blue Island, IL 60406

### Palos Heights Recreation Center

6601 W. 127th Street, Palos Heights, IL 60463

## WEBSITE & SOCIAL MEDIA

For more information about our policies and to find other resources, please visit our website.

**[www.SWSRA.com](http://www.SWSRA.com)**

*Follow Us On*



## FUNDRAISERS

**DO GOOD WITH**



**Eat & Earn  
FUNDRAISER**

**JULY 14, 2021  
4:00PM - 8:00PM**

11018 S. CICERO  
OAK LAWN  
708-424-0499



**Eat & Earn  
FUNDRAISER**

**SEPT 8, 2021  
4:00PM - 8:00PM**

11006 S. CICERO  
OAK LAWN  
708-422-3736

*See page 14 for flyers and more Fundraisers*  
**[SWSRA.com/fundraisers](http://SWSRA.com/fundraisers)**



# VIRTUAL PROGRAMS

Virtual Recreation will bring programs right to you and your family in order for you to stay inspired, connected and creative. ***Once payment has been received, you will receive an email with all the program information, link, and supply list (if needed\*)***.

SWSRA uses Zoom Video Communications as the platform to run virtual programs. You will need to make sure you have a solid, stable connection to the internet, a good headset for either your computer or phone, minimal background noise and minimal distractions in order to have successful programs.

**Group:** Teens & Adults

**Dates:** June 14 - August 13

- Month 1: June 14 - July 16\*
- Month 2: July 19 - August 13

***\*No Programs July 4 - July 10***

**Fee:** \$30: 8 Week Access

\$15: Month 1 or Month 2 option

## TEEN & ADULT WEEKLY SCHEDULE

PROGRAM	DAY	TIME
Coffee Talk	Monday	9:00am - 9:30am
BINGO	Monday	3:00pm - 3:30pm
Lunch with Friends	Wednesday	11:30am - 12:00pm
Intro into Drawing	Wednesday	3:00pm - 3:30pm
Coffee Talk	Friday	9:00am - 9:30am
BINGO	Friday	3:00pm - 3:30pm

**Group:** Early Childhood & Youth

**Dates:** June 14 - August 13

- Month 1: June 14 - July 16\*
- Month 2: July 19 - August 13

***\*No Programs July 4 - July 10***

**Fee:** \$16: 8 Week Access

\$8: Month 1 or Month 2 option

## EC & YOUTH WEEKLY SCHEDULE

PROGRAM	DAY	TIME
BINGO	Monday	3:00pm - 3:30pm
Intro into Drawing	Wednesday	3:00pm - 3:30pm
BINGO	Friday	3:00pm - 3:30pm

## VIRTUAL PROGRAM DESCRIPTIONS

- **\*BINGO:** Who doesn't like a good game of BINGO? Each BINGO game winner will have their name entered into a drawing at month end. The more times you win, the greater chance you have for winning the overall monthly prize.
- **Coffee Talk:** Grab your favorite morning beverage (water, tea, coffee, juice, etc.) and begin your morning talking with your peers.
- **\*Intro to Drawing:** Each week let's learn how to draw something new!
- **Lunch with Friends:** Bring your lunch and socialize with your friends. We will discuss current events, video games, movies and much more!

*\*These programs require supplies. In your confirmation email you will receive a supply list.*

# VIRTUAL EVENTS

## VIRTUAL BINGO EVENT

Who doesn't love a good game of BINGO? Our friends at South Suburban Special Recreation Association are hosting a BINGO event! Come join the fun with all your SRA friends! You will also receive a goodie bag from SSSRA! Fee includes goodie bag, BINGO, and staff supervision.

**Group:** Teens & Adults

**Day:** Friday

**Date:** June 25

**Time:** 7:00pm – 8:00pm

**Fee:** \$7

**Min/Max:** 2/10

*Registration Deadline: Friday, June 4*

## DIGITAL DANCE PARTY #1

Come join your SRA friends and have a mini dance session! These dance parties will be hosted by our friends at Fox Valley Special Recreation Association-FVSRA! Fee includes staff supervision.

**Group:** Teens & Adults

**Day:** Friday

**Date:** July 9

**Time:** 7:00pm – 8:00pm

**Fee:** \$2

**Min/Max:** 2/10

*Registration Deadline: Friday, June 4*

## FVSRA GAME TIME

Join our friends at FVSRA for an hour filled with games! A variety of games will be played! Some games will include Wheel of Fortune, Family Feud, Deal or No Deal, etc.

**Group:** Teens & Adults

**Day:** Friday

**Date:** July 23

**Time:** 1:00pm – 2:00pm

**Fee:** FREE

**Min/Max:** 2/10

*Registration Deadline: Friday, June 18*

## DIGITAL DANCE PARTY #2

Come join your SRA friends and have a mini dance session! These dance parties will be hosted by our friends at FVSRA! Fee includes staff supervision.

**Group:** Teens & Adults

**Day:** Friday

**Date:** August 13

**Time:** 7:00pm – 8:00pm

**Fee:** \$2

**Min/Max:** 2/10

*Registration Deadline: Friday, July 16*



# IN-PERSON PROGRAM POLICIES

## ***In-Person Guidelines:***

- Program capacity will be a maximum of 8 participants and 2 staff
- Participants and staff must perform an at home self-health check every day prior to arrival at the program. Please see “Personal Health Screen” below.
- Face coverings must be worn by participants and staff at all times.
- Participants must provide their own face covering.
- Staff will develop a pick up and drop off system for each program to ensure proper physical distancing. Parents and caregivers must wear face covering and stay in their vehicle when dropping off and picking up their participants.
- Staff will clean and disinfect frequently touched surfaces before and after activities and in between uses of different individuals.
- SWSRA will take measures to promote 6 feet physical distancing like seat assignments, outdoor activities and traffic flow.
- Participants and staff displaying symptoms of illness during a program will be removed from the group and an approved adult will be required to pick them within 15 minutes of notification. Participants will be supervised by staff while removed from the group. If staff members feel the participant needs to be sent home, it is not up for debate. The participant must be sent home without question.
- Participants and staff who have been exposed or in close contact with someone with confirmed COVID-19 may only return to the program after it has been 14 days from the time of the exposure.
- Participants and staff diagnosed with or exhibiting symptoms of COVID-19 may only return to program after it has been 14 days from the time they have experienced symptoms, do not have a fever for 3 days (without taking medication to reduce fever), and have improvement in their respiratory symptoms (cough, shortness of breath). Alternatively a participant may return to the program after 2 negative COVID-19 tests in a row, with testing done 24 hours apart.
- If participants have illnesses like allergies, or other non-contagious conditions that may appear similar to a contagious illness, a note from a physician stating they are not contagious is required prior to attending the program.
- To protect participants and those they interact with, participants that do not adhere to program rules and the above guidelines may be removed from the program.

# IN-PERSON PROGRAM POLICIES

## ***Eligibility Requirements:***

- Independently attend to personal self-care such as bathroom needs, hand washing, eating, dressing, and personal hygiene.
- Maintain physical distance of 6 feet or greater from other participants, staff, and community members with minimal verbal reminders.
- Independently put on, wear, and take off a face covering, when necessary and for the duration of the program.
- Participate in the activity without the need for physical assistance (i.e. hand over hand, lifting/transferring).
- Follow SWSRA Code of Conduct and participate without emotional outbursts that require direct or close proximity or, which expose others to respiratory droplets (i.e. yelling, spitting or biting).
- Conduct a personal health screening prior to each program. Must be able to honestly answer “No” to all questions.
- If a participant is unable to meet the following expectations, they may be unable to participate at this time in accordance with current federal, state, and local mandates and guidelines. Please contact Marina @ 708-997-2739 to discuss any program accommodations.
- This is a trial basis to get used to socializing at a distance and practicing safe interactions. If the participant shows they are unable to follow these guidelines, parents will be asked to remove the participant immediately and a refund will not be given.
- SWSRA reserves the right to determine if this program is appropriate for an individual.
- Participant to staff ratios will be a 1:4-1:6.

## ***Personal Health Screen:***

- All participants are required to complete their own personal health assessments. By attending a program, participants are confirming they can answer “no” to the following questions. If you answer “yes” to any of these questions, you are not allowed to attend until cleared by a medical professional.
- In the last 24 hours, has the participant experienced:
  - A fever of 100.4 or greater in the last 24 hours with or without fever-reducing medication?
  - Cough, congestion, runny nose, sore throat, shortness of breath, or difficulty breathing?
  - Fatigue, muscle or body aches, headache, or chills?
  - Nausea, vomiting, or diarrhea?
  - New loss of sense of smell or taste?
  - Any additional symptom as updated by the CDC associated with COVID-19?
  - Tested positive or been exposed to someone who tested positive for COVID-19 within the past 14 days?

# IN-PERSON PROGRAMS

## COYOTES SOFTBALL SKILLS

Dust off your glove and spikes! We will be working on throwing, catching and hitting skills during this 8 week program. Athletes must bring their own softball glove, dress in athletic clothing and shoes. Fee includes: equipment and staff supervision.

**Group:** Teens & Adults

**Day:** Tuesday

**Dates:** June 15-August 10 *\*No Program July 6*

**Time:** 6:30pm - 7:30pm

**Location:** Peaks Park, Worth

**Min/Max:** 4/8

**Fee:** \$74 (R) \$111 (NR)

## BOWLING II

Do you want to have a “striking” good time with your friends? ***Participants must have been enrolled in Bowling II in past seasons.*** Fee includes: Two games of bowling or one hour of program, whichever comes first, shoe rental, one t-shirt per year, and staff supervision.

- Participants must be able to complete each game independently.
- Participants in Bowling II must be able to bowl at a pace that would allow the lane to complete both games in the allotted 1 hour time frame.
- NO spectators are allowed inside the bowling alley.
- Parents and guardians are asked to stay in their vehicles for the duration of the program.
- Participants must be able to independently walk in and out of the bowling facility.
- Once the participant completes their games staff will walk participants to the front door.
- Participants are encouraged to bring their own ball and bowling shoes.
- If the participant does not have their own ball, or shoes, it is at their own discretion to use a public ball and shoes.

**Group:** Teens & Adults

**Day:** Wednesday

**Dates:** June 16-August 11 *\*No Program July 7*

**Time:** 5:00pm - 6:00pm

**Location:** Burr Oak Bowl, Blue Island

**Min/Max:** 4/8

**Fee:** \$116 (R) \$232 (NR)

## SOCIALITES REUNION

Calling Socialites Alum! We are easing our way back into socializing in person and physical distancing. Each week we will have a different activity. ***Participants must have been enrolled in Socialites in past seasons.*** Fee includes: supplies and staff supervision.

*\*At this time, SWSRA is not providing transportation.*

**Group:** Teens & Adults

**Day:** Thursday

**Dates:** June 17, July 1, July 22, August 12

**Time:** 6:30pm - 7:30pm

**Location:** Worth Community Center, Worth

**Min/Max:** 4/6

**Fee:** \$51 (R) \$102 (NR)

## WALKING CLUB

Being active is the secret to staying healthy, and walking is one of the easiest and least expensive ways to get moving. So how about joining our walking club? Fee includes: staff supervision.

**Group:** Teens & Adults

**Day:** Thursday

**Dates:** June 24, July 15, July 29, August 5

**Time:** 6:00pm - 7:00pm

**Location:** Palos Heights Rec. Center Track, Palos Heights

**Min/Max:** 4/8

**Fee:** \$39 (R) \$78 (NR)

# IN-PERSON SPECIAL EVENTS

## TIE DYE PARTY

We are going to have a colorful filled day! We will tie dye one item outside and create a colorful pom pom coaster to take home!

Fee includes: supplies and staff supervision.

\*Participants must bring 1 white item to tie dye. (Preferably a shirt, but other options could include socks, apron, etc.)

**Group:** Teens & Adults

**Day:** Saturday

**Dates:** July 3

**Time:** 1:00pm - 2:30pm

**Location:** Worth Community Center, Worth

**Min/Max:** 4/6

**Fee:** \$29 (R) \$58 (NR)

## SUMMER BASH

Summer is here so let's celebrate! With the nice weather on the rise, we will make a tic tac toe board that can be brought outside, a mosaic jar and play some games!

Fee Includes: supplies and staff supervision.

**Group:** Teens & Adults

**Day:** Saturday

**Dates:** August 14

**Time:** 1:00pm - 2:30pm

**Location:** Worth Community Center, Worth

**Min/Max:** 4/6

**Fee:** \$37(R) \$74 (NR)

# RECREATION BOXES

## • **BOX DELIVERY (RESIDENTS ONLY):**

- *Delivery date is the Friday after the registration deadline between 10:00am - 11:00am*

## • **BOX PICK UP:** *Pick up is the Friday after the registration deadline between from 3:00pm - 4:00pm*

## • **PICK UP LOCATION:** *Worth Community Center - 10707 South Oak Park Ave., Worth*

### FATHER'S DAY GIFT BOX

Looking for something to give Dad for Father's Day? Look no further! This box includes a glass mug, Root Beer, a koozie, snacks and a card!

**Group:** All

**Fee:** \$25

**Home Drop Off of Box (Residents Only):** \$5

- **Registration Deadline:** *Wednesday, June 16 @ 5:00pm*
- **Pick Up and Delivery:** *Friday, June 18*

### ICE CREAM PARTY BOX

On the lookout to throw an ice cream party? In this box we will provide all the necessities!

- Family of 2: Will receive 1 ice cream tub and 1 topping sauce
- Family of 4: Will receive 2 ice cream tubs and 2 topping sauces

**Group:** All

**Fee:** Family of 2: \$25

Family of 4: \$40

**Home Drop Off of Box (Residents Only):** \$5

- **Registration Deadline:** *Wednesday, June 30 @ 5:00pm*
- **Pick Up and Delivery:** *Friday, July 2*



# ADULT DAY PROGRAM



2021-2022 Season  
Starts this  
September!

## OASIS

OASIS was created to meet the needs of individuals with disabilities ages 18 and older who can participate successfully at a staff to participant ratio of 1:6-1:4.

This two day structured program is designed to help increase independence, enhance life and social skills, incorporate recreational activities, and promote a healthy lifestyle.

*For more information, please email Marina at [muher@swsra.com](mailto:muher@swsra.com) or call SWSRA's Main Office at 708-389-9423.*



## Fun Faces of OASIS





# FUNDRAISERS FOR SWSRA

Check out some ways to Have FUN & Raise FUNDS for SWSRA!



Visit our website for more info  
[www.SWSRA.com/Fundraisers](http://www.SWSRA.com/Fundraisers)

**FOR THE**

**RUN STROLL or ROLL**

**FUNDRAISER FOR SWSRA**

ANY DISTANCE - ANY PACE - ANY PLACE

Save the Dates!

**June 25, 26, 27 2021**

2nd Annual Virtual Race Run, Roll, or Stroll Fundraiser for SWSRA

@SWSRA.COM

## DO GOOD WITH BURRITOS



Join us at our restaurant for a fundraiser to support South West Special Recreation Association. Just come in to the Chipotle at 11018 S Cicero Ave in Oak Lawn on **Wednesday, July 14th** from **4:00pm to 8:00pm**. Bring in this flyer, show it on your smartphone or tell the cashier you're supporting the cause to make sure that 33% of the proceeds will be donated to South West Special Recreation Association.

### NEW! ORDER ONLINE FOR PICKUP

Use code X46EK92 before checkout in 'promo' field. Orders placed on Chipotle.com or through the Chipotle app for pickup using this unique code will be counted towards the fundraiser.



All online orders must be placed for pickup at the same time/location of the fundraiser. Delivery cannot be counted at this time. Gift card purchases during fundraisers do not count towards total donated sales, but purchases made with an existing gift card will count. \$150 minimum event sales required to receive any donation.

## EL CAMBIO QUE UNO CREA



Haz que la cena sea un acto generoso uniéndote a nosotros en un evento de recaudación de fondos para apoyar a South West Special Recreation Association. Acude al Chipotle en 11018 S Cicero Ave el **Wednesday, July 14th**, entre las **4:00pm** y las **8:00pm**. Trae este volante, preséntalo en tu teléfono o dile al cajero que estás apoyando la causa con el fin de asegurar que el 33% de los ingresos se done a South West Special Recreation Association.

### NUEVO! ORDENA EN LÍNEA PARA RECOGER.

Usa el código X46EK92 en la casilla de información denominada 'promo'. Sólo las ordenes que usen este código identifica dor y encargadas para recoger, via chipotle.com o por la aplicación de Chipotle, contarán como válidas para la recaudación de fondos.



Todos los encargos en línea para recoger deberán ser de el mismo lugar del evento y en el tiempo precisado por la recaudación de fondos. Servicio a domicilio no será considerado válido. Compras de tarjetas de regalo durante la recaudación de fondos no contarán hacia el total de ventas donadas, pero sí contarán las ordenes puestas con una tarjeta de regalo ya existente. Se requiere un mínimo de \$150 dólares de ventas para recibir cualquier donación.

CREATE YOUR OWN **facebook** BIRTHDAY FUNDRAISER FOR SWSRA

FOLLOW 5 EASY STEPS TO

**Donate Your Birthday & Make a Difference!**

1. Click "Fundraisers" in the left menu of your News Feed.
2. Go to "Raise money for a nonprofit" & Click Blue Box "Select Nonprofit"
3. SCROLL DOWN to: South West Special Recreation Association  
OR use the "Search for a nonprofit to support" feature and start typing "South West Special Recreation Association" to find it quickly.
4. Click "Create" button - All the verbiage you need is already set up for you.
5. START FUNDRAISING FOR **SWSRA** South West Special Recreation Association

**That's it! Simple & Easy.**

The Funds you raise will go directly to SWSRA usually within 25 days after your end date of your Campaign.

EMAIL DAWN AT [DCKEHOE@SWSRA.COM](mailto:DCKEHOE@SWSRA.COM)  
Let her know you created your birthday fundraiser.

## JOIN OUR FUNDRAISER AT RAISING CANE'S

Mention the fundraiser at the register and Cane's will donate 15% of sales to:

**South West Special Recreation Association**

### DATE & TIME:

September 8th, 2021 from 4:00pm - 8:00pm

### LOCATION:

11006 S Cicero Ave Oak Lawn, IL 60453  
708-422-3736



[CanesAndCommunity.com](http://CanesAndCommunity.com)

Available in dining room only. © Raising Cane's Restaurants LLC. All trademarks are owned by Raising Cane's USA, LLC.



# SUMMER 2021 PROGRAM REGISTRATION FORM

REGISTRATION DATES: RESIDENTS ONLY: MAY 17 - MAY 21 ~ NON-RESIDENT/CO-OP: MAY 24 - MAY 28

Participant's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

MAIN CONTACT: Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## TEEN & ADULT VIRTUAL PROGRAMS RES. FEE NON-RES. FEE

Month #1: 6/14 - 7/16*	\$15	\$15
Month #2: 7/19 - 8/13	\$15	\$15
All 8 Weeks: 6/14 - 8/13*	\$30	\$30
*No Programs July 4 - July 10		

## EC & YOUTH VIRTUAL PROGRAMS RES. FEE NON-RES. FEE

Month #1: 6/14 - 7/16*	\$8	\$8
Month #2: 7/19 - 8/13	\$8	\$8
All 8 Weeks: 6/14 - 8/13*	\$16	\$16
*No Programs July 4 - July 10		

## VIRTUAL EVENTS RES. FEE NON-RES. FEE

Virtual Bingo Event	\$7	\$7
Digital Dance Party #1	\$2	\$2
FVSRA Game Time	FREE	FREE
Digital Dance Party #2	\$2	\$2

## ONLINE REGISTRATION IS AVAILABLE ON OUR WEBSITE

Click on the links below to Register Online  
[VIRTUAL PROGRAM REGISTRATION](#)  
[IN-PERSON PROGRAM REGISTRATION](#)

## SWSRA MAIN OFFICE

12521 S. Kostner Ave., Alsip, IL 60803 Phone:  
708-389-9423 Fax: 708-389-6458  
Website: [www.SWSRA.com](http://www.SWSRA.com)

## RECREATION BOXES RES. FEE NON-RES. FEE

Ice Cream Party Box - Family of 2	\$25	\$25
Ice Cream Party Box - Family of 4	\$40	\$40
Father's Day Gift Box	\$25	\$25
Recreation Box Delivery (Residents Only)	\$5	N/A

## IN-PERSON PROGRAMS & CLUBS RES. FEE NON-RES. FEE

Coyotes Softball Skills	\$74	\$111
Bowling II	\$116	\$232
Socialites Reunion	\$51	\$102
Walking Club	\$39	\$78

## IN-PERSON SPECIAL EVENTS RES. FEE NON-RES. FEE

Tie Dye Party	\$29	\$58
Summer Bash	\$37	\$74

GRAND TOTAL DUE \$ \_\_\_\_\_

Credit Card Type: (Check One) VISA MC DC

Amount Charged to Card \$ \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## SWSRA WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

SWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SWSRA 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 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 indement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises, defects, inadequate or defective equipment, animal bites, inadequate supervision, instruction or officiating and all other circumstance inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for SWSRA 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 minor/child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

**Virtual Programs and Online Activities:** You should consult your physician or other health care professional before starting this or any other fitness program/activity to determine if it is right for your needs. If you experience faintness, dizziness, pain or shortness of breath at any time while exercising you should stop immediately. If you choose to exercise to this virtual program/activity, you do so at your own risk and acknowledge that the exercises carry an inherent risk of physical injuries. To the extent permitted by law, SWSRA and its affiliates disclaim any and all liability in connection with the exercises in the video and any instructions and advice 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 my minor/child/ward or myself), as a result of participating in these programs/activities against SWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as SWSRA). I do hereby fully release and forever discharge SWSRA from any and all claims of injuries, damage, or loss that my minor/child/ward or I may have or which may accrue to myself or my minor/child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Say Cheese!

SWSRA occasionally takes photographs or video of participants for promoting/advertising our programs, services, events, activities, and facilities in our brochures, website or agency social media, and other promotional avenues. By registering for, participating in or attending SWSRA programs, events or other activities, the participant (or parent/guardian of a minor/child/ward participant) irrevocably agrees to the use and distribution by SWSRA of his or her image (or of his minor/child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events, and activities for any purpose without inspection or approval and without compensation, rights to royalties, or any other consideration now and in the future.

Print Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(If Under 18, Parent/Guardian Signature)

Print Name of Signature: \_\_\_\_\_

### Office Use Only

\_\_\_\_\_ Date Received  
 \_\_\_\_\_ Time Received  
 \_\_\_\_\_ Top completely filled out on Registration Form  
 \_\_\_\_\_ Waiver Signed (on back side of Registration Form)  
 \_\_\_\_\_ Res. or Non-Res (Resident/Co-Op/ATP) or (Non-Resident)  
 \_\_\_\_\_ Date of Expiration on Master Form (valid for 1 year)  
 \_\_\_\_\_ Y or NA Additional Medical Forms received  
 \_\_\_\_\_ Date of Expiration on SO Medical Exam Form (valid for 2 years)  
 \_\_\_\_\_ Y or N New Client RecTrac INQUIRY \*add'l step required if Y  
 \_\_\_\_\_ Balance in Account RecTrac INQUIRY  
 \_\_\_\_\_ Y or N Scholarship  
 \_\_\_\_\_ Calculator Tape (h/h or b/d)  
 \_\_\_\_\_ Receipt Number - Record payment in receipt book  
 \_\_\_\_\_ Payment Entered (ck mark & initials in receipt book)  
 \_\_\_\_\_ Registration Entered in RecTrac  
 \_\_\_\_\_ Master & All Medical Forms in Program Binder(s)

Participant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Disability \_\_\_\_\_

Secondary Disability \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*E-mail: \_\_\_\_\_

*\* By providing your e-mail address, you give SWSRA consent to send you promotional materials via e-mail and will only be used by SWSRA. You can request to be taken off SWSRA's mailing list at any time.*

**GROUP HOME PARTICIPANTS ONLY:** Name of Group Home/House \_\_\_\_\_

Case Manager \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

House Manager \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION REGARDING PARTICIPANT IN ORDER OF PREFERENCE:**

In the event of an emergency, cancellation of program, etc., list in order of preference those who have your consent and authorization to pick up participant if needed.

1. \_\_\_\_\_  
NAME (FIRST & LAST) PRIMARY PHONE TO CALL Secondary Phone (if applicable) RELATIONSHIP TO CLIENT
2. \_\_\_\_\_  
NAME (FIRST & LAST) PRIMARY PHONE TO CALL Secondary Phone (if applicable) RELATIONSHIP TO CLIENT
3. \_\_\_\_\_  
NAME (FIRST & LAST) PRIMARY PHONE TO CALL Secondary Phone (if applicable) RELATIONSHIP TO CLIENT
4. \_\_\_\_\_  
NAME (FIRST & LAST) PRIMARY PHONE TO CALL Secondary Phone (if applicable) RELATIONSHIP TO CLIENT

**MEDICAL INFORMATION:**

**A. Wheelchair:** \*Yes \_\_\_\_\_ No \_\_\_\_\_ *\*If Yes, completion of SWSRA FORM 1 required*

**B. Seizures:** \*Yes \_\_\_\_\_ No \_\_\_\_\_ *\*If Yes, completion of SWSRA FORM C (pages 1-3) required*

Is Vagus Nerve Stimulation (VNS) Used: Yes \_\_\_\_\_ No \_\_\_\_\_ **\*Note: In case of a seizure, you will be notified**

**C. Asthma:** \*Yes \_\_\_\_\_ No \_\_\_\_\_ *\*If Yes, completion of SWSRA FORM A (pages 1-2) required*

**D. List any other Medical Conditions AND/OR Assisted Devices** **\*Note: Additional forms may be required**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Allergies:** \*Yes \_\_\_\_\_ No \_\_\_\_\_ *\*If Yes, Please Complete Chart Below*

ALLERGIES	DETAILS	TREATMENT(S)
FOOD		
MEDICATION		
INSECT BITES/STINGS		
OTHER		

**MEDICAL INFORMATION CONTINUED:****A. Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**B. Medication:** SWSRA needs to know ALL medications participant is taking, regardless of when/where dispensed.  
Please list ALL medications below: *(If more than 4 medications, please attach a separate sheet)*

TYPE OF MEDICATION	DOSAGE/TIME(S)	REACTION/SIDE EFFECT(S)

**C. Medication Assistance:** Will staff need to assist with Medication during program? \*Yes \_\_\_\_\_ No \_\_\_\_\_  
*\*If Yes, completion of SWSRA FORM 4 (pages 1-2) required***COMMUNICATION & ADDITIONAL INFORMATION:****A. T-Shirt Size:** CHILD SIZES: S(6-8) \_\_\_\_\_ M(10-12) \_\_\_\_\_ L(14-16) \_\_\_\_\_ ADULT SIZES: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_**B. General Questions:**

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

- Participant's favorite activities are: \_\_\_\_\_
- Participant should not eat (please consider allergies/medical conditions) \_\_\_\_\_
- Inappropriate behaviors participant displays: \_\_\_\_\_
- Areas/Goals for the participant to work toward: \_\_\_\_\_
- Toilet Training: \_\_\_\_\_ 5b. Does Participant require assistance? Yes \_\_\_\_\_ No \_\_\_\_\_
- SWSRA provides an approximate 1:4 staff-to-participant ratio. Please note if you are requesting a closer ratio and why:  
\_\_\_\_\_

**C. Sensory Needs:**

- Please list what sensory equipment is needed or used: \_\_\_\_\_  
\_\_\_\_\_

**D. Visual Supports and Communication:** Verbal \_\_\_\_\_ Nonverbal \_\_\_\_\_

\_\_\_\_\_ Communication Device, please list: \_\_\_\_\_ Picture Exchange Communication System(PECS)  
\_\_\_\_\_ Visual Directions \_\_\_\_\_ ASL American Sign Language \_\_\_\_\_ Homemade Sign  
\_\_\_\_\_ Cue Cards (stop, wait, sit, etc.) \_\_\_\_\_ Other Languages: \_\_\_\_\_ Read Lips

**E. Swim Information:**

- Pre-beginner \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_
- Does participant use: **Flotation device?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Ear plugs?** Yes \_\_\_\_\_ No \_\_\_\_\_
- Is participant allowed to swim in deep water? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERMISSIONS:****1. Parents/Guardians are asked to provide bug spray & sunscreen.**

Can staff apply these products on participant? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Transportation Permission:**

Transportation as a part of weekly activities, special events, or trips? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
**Signature (If under 18, parent/guardian signature please)**\_\_\_\_\_  
**Date***\*Note: This SWSRA MASTER FORM is completed annually. Please notify SWSRA if any information changes.*