



# GO GETTERS



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

**Go Getters is a social club which participates in activities in the community. This club is for adults 55 years and older with physical, visual or auditory impairments, Alzheimers or Multiple Sclerosis.**

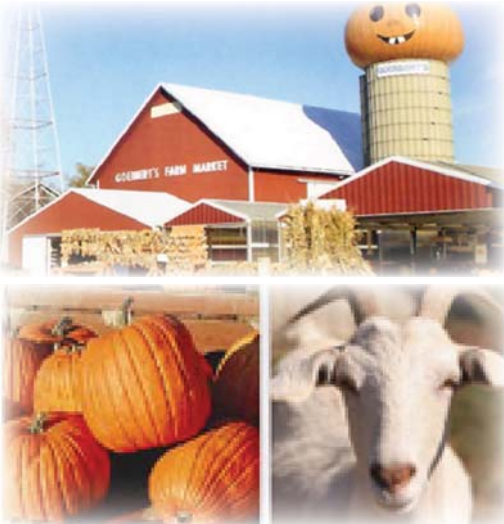
**Accessible door-to-door transportation is provided as part of your fee for the trips. The trip coordinator will call you the week of the event to arrange pick-up times. One spouse or family member may also ride free of charge if space is available on the van. Visiting spouses or family members must cover their own admission and fees and must complete their own registration form.**

**Please contact Katie Newport at 847/392-2848 ext. 237 with questions.**

**Registration deadline is one week prior to each activity unless stated otherwise.  
 Activities fill up quickly. Please register A.S.A.P.**

**ACTIVITY #627: BOTANICAL GARDENS**

**LOCATION:** Glencoe  
**DATE:** Friday, October 7, 2011  
**TIME:** 10:00 a.m. - 12:00 p.m.  
 (Time approximate, not including transportation time.)  
**FEE:** \$7.75 without transportation  
 \$13.50 with door-to-door transportation  
**NOTE:** Please bring a snack or sack lunch.  
 We will be going rain or shine.  
**Minimum 3, Maximum 10 wheelchair spots**



**ACTIVITY #628: GOEBBERTS PUMPKIN FARM**  
**LOCATION:** South Barrington  
**DATE:** Friday, October 21, 2011  
**TIME:** 10:00 a.m. - 12:00 p.m.  
 (Time approximate, not including transportation time.)  
**FEE:** \$5.00 without transportation  
 \$10.75 with door-to-door transportation  
**NOTE:** Please bring a snack or sack lunch.  
 We will be going rain or shine.  
**Minimum 3, Maximum 10 wheelchair spots**

**ACTIVITY #629: Sweet It Up**

**LOCATION:** Plum Grove Community Center

**DATE:** Friday, November 4, 2011

**TIME:** 10:00 a.m. - 12:00 p.m.  
(Time approximate, not including transportation time.)

**FEE:** \$8.75 without transportation  
\$14.50 with door-to-door transportation

**NOTE:** Bring a sack lunch or a snack.

**Minimum 3, Maximum 10 wheelchair spots**



**ACTIVITY #630: Holiday Shopping**

**LOCATION:** Woodfield Mall, Schaumburg

**DATE:** Friday, November 11, 2011

**TIME:** 10:00 a.m. - 12:00 p.m.  
(Time approximate, not including transportation time.)

**FEE:** \$5.00 without transportation  
\$10.75 with door-to-door transportation

**NOTE:** Bring a sack lunch or a snack.

**Minimum 3, Maximum 10 wheelchair spots**

# AQUA EXERCISE

Aqua Exercise is designed as an exercise program for adults who have physical limitations including arthritis, multiple sclerosis, stroke, and other physical conditions. Each class is designed for a specific special need and is recommended for certain groups. The class begins with light stretching, followed by aerobic activities and a cool down period. An accessible lift is available at all of the locations.

**Water Temperature:** The water temperature of the pools utilized for this program determine which group the class is offered to. The Arthritis Foundation recommends water temperatures no cooler than 83 degrees. The Multiple Sclerosis Society recommends water temperatures no cooler than 82-83 degrees and no warmer than 89 degrees.

**Instructor Information:** Instructors do not have training in physical therapy. Instructors will lead exercises as desired by swimmers and will design the program around the individual's needs and interests.

**Registration Information:** Please indicate on the registration form which class(es) you plan to attend by indicating the class number(s). **You may register for more than one class, but you MUST be registered for the class you attend.**

**Note:** #90 and #91 - No assistance provided in pool & locker room. Participants must be independent in pool and locker room.

**Special Note:** Please refer to Special Notice Section at the back of the brochure regarding swim programs.

**Key to Disabilities:** Arthritis (A), Stroke (S), Multiple Sclerosis (MS), Physically Impaired (PI)

**Fee: \$57.75**

**Minimum 3/Maximum 12 per class**

**Door-to-door Transportation** provided for in-district residents only. Leader will contact participants to arrange pick up times. Individuals may be assisted by NWSRA staff to and from the door of their residence if there are no other individuals in the van or a second staff is available. NWSRA staff are not permitted to enter the individuals' residence at any time. NWSRA staff may not lift, carry or transport an individuals' assistive transportation device to any vehicle other than a NWSRA vehicle. See page 5 for more information on transportation.

♥90/91

**Location:** Buffalo Grove Fitness Center

**Time:** 1:00 - 2:00 p.m.

**Water Temp.:** 92 - 96 Degrees

**Groups:** A, PI/VI, Adults Spouses, Peers

90

**Day:** Tuesdays

**Dates:** September 20 - December 6

91

**Day:** Fridays

**Dates:** September 23 - December 9  
Not November 25

♥94/95

**Location:** The Waterworks Family Aquatic Center, Schaumburg

**Time:** 2:30 - 3:30 p.m.

**Water Temp.:** 82 - 86 Degrees

**Groups:** MS, S, PI/VI, Adults

94

**Day:** Wednesdays

**Dates:** September 21 - December 7

95

**Day:** Fridays

**Dates:** September 23 - December 9  
Not November 25



**2800 ..... Meet 'n Place**

Meet your friends for an enjoyable morning together. Table games and lively conversation are part of the fun. Seven community outings are scheduled.

**Group/Age:** PI/VI Adults  
18 years & older

**Location:** Rolling Meadows Teen Center

**Day & Time:** Wednesdays  
10:00 a.m. - 12:00 p.m.

**Dates:** ...September 21 - November 30

**Fee:** \$135.00

**Transportation:** Provided for in-district residents only. Price includes transportation to and from program. If you wish to transport yourself, please contact NWSRA for price of program. Leader will contact participants to arrange pick up times.

**Minimum 3/Maximum 7**



**2050 Ceramics/Art Sampler**

Get in touch with your creative side. Create beautiful ceramic pieces as gifts or to decorate your own home. Fee includes instruction, glaze, firing and greenware for 4 weeks. The remaining 5 weeks participants will learn drawing, painting and a variety of other art mediums while creating fun projects. Beginners welcome!

**Group/Age:** PI/VI, 18 years & older

**Location:** Clayground Art Studio & Weiss Community Center

**Day & Time:** Mondays  
6:00 - 7:30 p.m.

**Dates:** September 19 - November 28  
Not October 10

**Fee:** \$171.25

**Transportation:** Provided for in-district residents only. Price includes door-to-door transportation. If you wish to transport yourself, please contact NWSRA for price of program.

**Minimum 4/Maximum 10**

**Wheelchair space 6**

# FALL 2011 REGISTRATION FORM

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

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

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

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

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

**Participant's Information:**

Home Ph. # (\_\_\_\_\_) \_\_\_\_\_ Work Ph. # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Sex: F \_\_\_\_\_ M \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Spec. Ed. Classification/Medical Diagnosis \_\_\_\_\_

School/Workshop site \_\_\_\_\_ Teacher \_\_\_\_\_

School District \_\_\_\_\_ Park District \_\_\_\_\_ Township \_\_\_\_\_

**Parent/Guardian Information:** Mother's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Father's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mother's e-mail: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_

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

Home Ph.# (M)(\_\_\_\_\_) \_\_\_\_\_ (F)(\_\_\_\_\_) \_\_\_\_\_ Work Ph.# (M)(\_\_\_\_\_) \_\_\_\_\_ (F)(\_\_\_\_\_) \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Ph. # (\_\_\_\_\_) \_\_\_\_\_ Work Ph. # (\_\_\_\_\_) \_\_\_\_\_

First & last names of people authorized to pick up participant \_\_\_\_\_

Date	Go Getters Program # Program Name	Circle If Med. Is "Needed at program"	Fee With or Without Transportation (If Applicable)	Transportation Location (Please Circle)	Amount Paid
10/7	#627 Cantigny	YES NO	\$7.75 without Trans. \$13.50 with Transportation	Door-to-Door	
10/21	#628 Fondue & Games	YES NO	\$5.00 without Trans. \$10.75 with Transportation	Door-to-Door	
11/4	#629 Sweet It Up	YES NO	\$8.75 without Trans. \$14.50 with Transportation	Door-to-Door	
11/11	#630 Holiday Shopping	YES NO	\$5.00 without Trans. \$10.75 with Transportation	Door-to-Door	
		YES NO			
		YES NO			
		YES NO			
		YES NO			

*You may charge your registration. Please check one.*  
 American Express  Discover  MasterCard  Visa   
 Account # \_\_\_\_\_  
 Expiration Date \_\_\_\_/\_\_\_\_

If requesting divided payments, please check

A third of the total fee is due by each of the following dates: **9/19, 10/17, 11/14**

Minus Past Program Credits \$ \_\_\_\_\_

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

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

**Make check payable to NWSRA**

**Insurance**

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

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**NWSRA Waiver and Release of All Claims**

The NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The NWSRA continually strives to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the programs/activities listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities. You are solely responsible for determining if you or your minor/child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unspportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the NWSRA to guarantee absolute safety. Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the NWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as NWSRA). I do hereby fully release and forever discharge the NWSRA from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ (over)

# PARTICIPANT INFORMATION FALL 2011

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

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

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

Does participant require assistance for personal care (toileting, transferring, feeding, changing)? Yes \_\_\_ No \_\_\_ (If yes, a personal care information form will be sent to you.)

If using a wheelchair is participant capable of transferring? Yes \_\_\_ No \_\_\_ Wheelchair (type) \_\_\_\_\_

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

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

Allergies (specific) \_\_\_\_\_ Other \_\_\_\_\_

List specific medical instructions: \_\_\_\_\_

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

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

MEDICATION:	TYPE	DOSAGE	TIME

DOCTOR'S NAME: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Inappropriate Activities: \_\_\_\_\_

Behavior Issues: \_\_\_\_\_

Areas/goals for the instructor to work toward: \_\_\_\_\_

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

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

Photo permission for NWSRA publicity purposes: Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

IS A BUS AIDE REQUIRED? Yes \_\_\_ No \_\_\_ Explain why: \_\_\_\_\_

IS A VEHICLE HARNESS REQUIRED? Yes \_\_\_ No \_\_\_

SWIM INFORMATION: Beginner \_\_\_ Advanced Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ Diving \_\_\_

Permission to apply sunscreen on participant: Yes \_\_\_ No \_\_\_

Other helpful information: \_\_\_\_\_

**YOUR INPUT HAS IMPACT!**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

# FALL 2011 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: \_\_\_\_\_, \_\_\_\_\_

# SLSF Information

The Special Leisure Services Foundation is the fundraising arm for NWSRA & Special Olympics Illinois Area 18. For information on fundraising events, making a donation or becoming involved, call the office at 847/392-2848.



# GO GETTERS



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

