

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 Summer Krones at 847/392-2848 ext. 228 with questions.

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

Activities fill up quickly. Please register A.S.A.P.

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ACTIVITY #621 BRUNCH AT THE EGG BASKET

LOCATION: Schaumburg
DATE: Friday ~ February 19, 2010
TIME: 10:00 a.m. - 12:00 p.m.
 (Time approximate, not including transportation time)
COST: \$19.00 without transportation
 \$24.75 with door-to-door transportation
NOTE: Each person will have \$14 for brunch.
 Please bring extra money if needed.



Minimum 3, Maximum 10 wheelchair spots

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ACTIVITY #622 BINGO & LUNCH

LOCATION: Rolling Meadows Teen Center
DATE: Friday ~ March 12, 2010
TIME: 10:00 a.m. - 12:00 p.m.
 (Time approximate, not including transportation time)
COST: \$9.00 without transportation
 \$14.75 with door-to-door transportation
NOTE: We will be making lunch.



Minimum 3, Maximum 10 wheelchair spots

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ACTIVITY #623 ROLLING MEADOWS HISTORICAL MUSEUM

LOCATION: Rolling Meadows
DATE: Friday ~ April 30, 2010
TIME: 10:00 a.m. - 12:00 p.m.
 (Time approximate, not including transportation time)
COST: \$5.00 without transportation
 \$10.75 with door-to-door transportation
NOTE: Please bring a snack or a sack lunch.

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: Winter \$42.00 Spring \$26.25 W/S Total \$68.25

Minimum 3/Maximum 12 per class

#90/91
Location:Buffalo Grove Fitness Center
Water Temp.: 92 - 96 Degrees
Groups:A, PI/VI, Adults

#90
Day: Tuesdays
Time: 1:00 - 2:00 p.m.
Dates: Winter January 19 - March 9
 Spring April 13 - May 4

#91
Day: Fridays
Time: 1:00 - 2:00 p.m.
Dates: Winter January 22 - March 12
 Not January 29
 Spring April 16 - May 7

#94/95
Location:The Water Works Family Aquatic Center, Schaumburg
Water Temp.: 82 - 86 Degrees
Groups:MS, S, PI/VI, Adults

#94
Day: Wednesdays
Time: 2:30 - 3:30 p.m.
Dates: Winter January 20 - March 10
 Spring April 14 - May 5

#95
Day: Fridays
Time: 2:30 - 3:30 p.m.
Dates: Winter January 22 - March 12
 Not January 29
 Spring April 16 - May 7



2050

Ceramics Spring Only

Get in touch with your creative arts side. Create beautiful ceramic pieces as gifts or to decorate your own home. Fee includes instruction, glaze and firing and \$50.00 worth of greenware. Beginners welcome!

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

Location: Clayground Mount Prospect

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

Dates: April 12 - May 3
 Not October 12

Fee: \$83.00

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.

Note: Activities may be messy.

Maximum 10/wheelchair space 6



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 will be scheduled during winter/spring.

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

Location:NWSRA/Park Central Rolling Meadows

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

Dates & Fees:
Winter: January 20 - March 10
 \$94.00

Spring: April 14 - May 5
 \$49.00

W/S Total Fee: \$143.00

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

Special Event

6820

Benihana

What would an entertaining dinner show be without great food. Benihana restaurants are traditional Japanese hibachi steak houses which feature the Japanese cooking method.

Group/Age:PI/VI Adults
 18 years & older, including seniors

Location:Schaumburg

Day & Time:Wednesday, April 7
 11:30 a.m. - 2:30 p.m.

Fee: \$30.00

Registration Deadline: March 19

Transportation: Door-to-door transportation is available for an additional \$5.75.

Note: Fee includes supervision and meal.

Minimum 6/Maximum 12



Winter/Spring 2010 REGISTRATION FORM

If registering more than one participant, please complete an additional form. Family members may register on page 41.
 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 Name (Last) _____ (First) _____	
Address _____ City _____ Zip _____	
Participant Information:	
Home Ph. # (_____) _____ Work Ph. # (_____) _____ Cell Phone # (_____) _____	
Sex: F ____ M ____ Age ____ Birth date _____ Spec. Ed. Classification/Medical Diagnosis _____	
School/Workshop site _____ Teacher _____	
School District _____ Park District _____ Township _____	
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 Medication is Needed at Program Yes No	Check if Attending or Not		Fee with or without Transportation (If Applicable)	Transportation Location (Please Circle)	Amount Paid
			Yes	No			
2/19	#621 Brunch at The Egg Basket	Yes No			\$19.00 without transportation \$24.75 with transportation	Door-to-Door	
3/12	#622 Bingo & Lunch	Yes No			\$9.00 without transportation \$14.75 with transportation	Door-to-Door	
4/30	#623 Rolling Meadows Museum	Yes No			\$5.00 without transportation \$10.75 with transportation	Door-to-Door	
		Yes No	Circle Season(s) W S				
		Yes No	W	S			
		Yes No	W	S			
		Yes No	W	S			
		Yes No	W	S			

Winter Registration Deadline: Friday, January 8
Spring Registration Deadline: Monday, March 29

You may charge your registration. Please check one.
 American Express Discover MasterCard Visa
 Account # _____
 Expiration Date ____ / ____

If requesting divided payments, please check

Minus Past Program Credits \$ _____

SLSF Donation \$ _____

A third of the total fee is due by each of the following dates: **1/8, 2/5, 3/5**

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, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the NWSRA to guarantee absolute safety. Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.).

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

Signature _____ Date _____

Please Print Name _____ (over)

PARTICIPANT INFORMATION WINTER/SPRING 2010

Please complete this form if there has been a change in information or it was not completed for the Fall 2009 session. This portion ALWAYS needs to be updated in the fall of each season with additional changes.

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 ___ Wheelchair (type) _____ (size) _____

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

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

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

Allergies (specific) _____ Other _____

List specific medical instructions: _____

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

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

MEDICATION:

TYPE	DOSAGE	TIME

DOCTOR'S NAME: _____ Phone () _____

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

Inappropriate Activities: _____

Behavior Issues: _____

Areas/goals for the instructor to work toward: _____

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

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

Photo permission for NWSRA publicity purposes: Yes ___ No ___

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

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

IS A BUS AIDE REQUIRED? Yes ___ No ___ Explain why: _____

IS A VEHICLE HARNESS REQUIRED? Yes ___ No ___ Size _____

SWIM INFORMATION: Beginner ___ Advanced Beginner ___ Intermediate ___ Advanced ___ Diving ___

Permission to apply sunscreen on participant: Yes ___ No ___

Other helpful information: _____

YOUR INPUT HAS IMPACT!

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

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

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

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

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

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

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

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

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

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

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

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

WINTER/SPRING 2010 SEIZURE INFORMATION

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.



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

*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.*