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# DAY CAMP

Session I: June 13 ~ July 15 (Not July 4)

Session II: July 18 ~ August 12

Registration Begins: Monday, March 14

Registration Deadline: Monday, April 25

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

# 2011

# DAY CAMP GENERAL INFORMATION

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

## **NWSRA IS . . .**

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

## **NWSRA DAY CAMP . . . The Benefits are Endless!**

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

## **WHICH CAMP SHOULD I SELECT?**

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

## **CAMP FACILITIES**

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

## **CAMP GROUPINGS**

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

## **LUNCH**

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

## **CAMP CALENDARS**

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

## **SUNSCREEN/BUG SPRAY**

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

## **DAY CAMP STAFF RATIOS**

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

## **DISPENSING OF MEDICATION**

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

## **T-SHIRTS, CAMP BAGS and SOUVENIRS**

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

## **SWIMMING**

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

## **SEIZURE PRONE SWIMMERS**

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

## **CAMP AFTER CARE - see page 4**

NWSRA will be offering after camp care session I and session II. Please see page 4 for details about session I and page 7 for details about session II after camp care. After Camp Care is offered to all children registered in the NWSRA day camp program and runs until 6:00 p.m.

### **NWSRA Full-Time Day Camp Staff Coordinators**

Glenn Anastacio ..... Manager of Special Recreation  
Session I Day Camp Manager, ext. 245  
Angie Lee ..... Manager of Special Recreation  
Session II Day Camp Manager, ext. 263

Danny Hanson ..... Summer Explorers &  
Adventure Activity Camp II, ext. 258  
Liz Collins ..... Camp Connections, ext. 227  
Wes Hubsch ..... Camp All Stars & Sports Camp, ext. 236  
Allison Kuehlthau ..... Little Sprouts Camp, ext. 238  
Greg Zbrzezny ..... Urban Adventures, ext. 226  
Kat Hamilton ..... Sunrise Camp, ext. 257  
Ethan Bontly ..... Adventure Activity Camp I & IV, ext. 246  
Katie Newport ..... Adventure Activity Camp III, ext. 237  
Dana Kroeger ..... Out of this World Camp, ext. 239  
Jeff Kamp ..... After Camp Care, ext. 249

# DAY CAMP GENERAL INFORMATION

## REGISTRATION PROCEDURES

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

## REGISTRATION INFORMATION

Get your registration form in early! Processing begins Monday, March 14. Complete the registration with fee or check payable to NWSRA on or before Monday, April 25.

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

## CONFIRMATION OF REGISTRATION

NWSRA will confirm registration status for camps by mailing a packet of detailed information to each participant in early June. Parents may call the office to confirm after Tuesday, April 26.

## FINANCIAL ASSISTANCE/SCHOLARSHIPS

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

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

## TRANSPORTATION



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

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

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

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

**BUSSING DEADLINE:** Bussing on the first day is guaranteed only to those registering by April 25.

## NON-RESIDENTS

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

## DIVIDED PAYMENTS

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

## REFUNDS/CREDITS

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

## SIBLING DISCOUNT

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

**Please see page 5 for  
NWSRA On-line registration  
procedure.**

# SESSION I

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**Monday, June 13 ~ Friday, July 15**

**Not Monday, July 4**

**Which camp should I select?**

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

**Parent Orientation:**

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

## SUMMER EXPLORERS

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

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

## CAMP ALL STARS

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

CAMP #	SITE NAME	TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4014 LD, BD, ADD Ages 7-10	(North Site) Central Road School 3800 Central Road Rolling Meadows	9:00 a.m. - 3:00 p.m.	1:4	20	A. Buffalo Grove B. Wheeling F. Mt. Prospect M. Palatine (Birchwood)	Without Bussing: \$612.00
4131 LD, BD, ADD Ages 11-17 <small>*See below for overnight</small>						
4015 LD, BD, ADD Ages 7-10	(South Site) Mead Jr. High 1765 Biesterfield Elk Grove Village			20	G. Hoffman Estates H. Elk Grove I. Streamwood J. Hanover Park L. Bartlett O. South Barrington	With Bussing: \$972.00
4132 LD, BD, ADD Ages 11-17 <small>*See below for overnight</small>						

## OPTIONAL OVERNIGHT

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

CAMP #	SITE NAME	DATE	TRANSPORTATION	CAMP FEES
4133 Optional Overnight for 4011, 4131 & 4132	Camp Red Leaf Ingleside	Wednesday - Thursday July 6 - 7	Details will be mailed after camp starts.	\$40.00

## **LITTLE SPROUTS CAMP**

Camps recommended for pre-schoolers diagnosed with special needs.

3 - 6 years old

CAMP #	SITE NAME	TIMES	RATIO	MAX	CAMP FEES
4020 Monday - Friday Early Childhood	(North Site) <b>Willow Bend</b> 4700 Barker Rolling Meadows	9:00 a.m. - 2:45 p.m.	1:1 - 1:4	20	<b>5 Day Fee:</b> \$587.00
4024 Monday - Wednesday - Friday Early Childhood					
4022 Monday - Friday Early Childhood	(South Site) <b>Bartlett Community Center</b> 700 S. Bartlett Rd. Bartlett	Also see Day Camp After Care			<b>3 Day Fee:</b> \$342.00
4026 Monday - Wednesday - Friday Early Childhood					

**NEW! Please see program #4170 for Day Camp After Care.**

## **URBAN ADVENTURES**

Camp is recommended for individuals with physical or visual impairments, 18 - 30 years old.

Independence is promoted through local community outings that are planned with participant input.

Annual activities include a Cubs game, cook out, day at the race track and a movie.

CAMP #	SITE NAME	DAYS/DATES TIMES	MAX	TRANSPORTATION	CAMP FEES
4070 PI/VI	<b>Park Central/Court Yard</b> 3000 W. Central Rd. Rolling Meadows	Tuesdays & Thursdays June 14 - July 14  10:00 a.m. - 3:00 p.m.	13	<b>New in 2011! Door-to-door transportation is provided.</b> Maximum of 4 per route. Transportation will add an hour or more to the morning and the afternoon. Air conditioned vehicles will be requested, but cannot be guaranteed. A bus aid is assigned to every route.	Without Bussing: \$300.00  With Door-to-Door Transportation: \$550.00

## **DAY CAMP AFTER CARE**

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

CAMP #	SITE NAME	TIMES	MIN./MAX.	CAMP FEE
4170 All Abilities 3Years & older	<b>Kirk School</b> 520 S. Plum Grove Rd. Palatine	Parents may pick up between 3:15 - 6:00 p.m.	15	\$330.00 No transportation fee required for campers who already receive bussing for camp.  \$442.00 With transportation fee from camp to After Care - 3 day camp.  \$522.00 With transportation fee from camp to After Care - 5 day camp.

**Remember . . . Registration Deadline is April 25.**

# SESSION II

5 **Monday, July 18 ~ Friday, August 5 or August 12**

## Which camp should I select?

Angie Lee, Manager of Special Recreation, will be happy to provide you with assistance in determining the best placement for your child. Please call Angie Lee at 847/392-2848 ext. 263.

## Parent Orientation:

Parents are encouraged to attend parent orientation on Thursday, July 14 from 6:00 - 7:00 p.m. Locations will be made available in the camp conformation letter. More information will be sent to all registrants in early July.

## LITTLE SPROUTS CAMP

Camps recommended for pre-schoolers diagnosed with special needs. 3 - 6 years old.

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	CAMP FEES
4100 Monday - Friday Early Childhood	(North Site) <b>Prince of Peace</b> 1190 N. Hicks Rd. Palatine	Monday - Friday July 18 - August 12 9:00 a.m. - 2:45 p.m.	1:1 - 1:4	25	<b>5 day fee:</b> \$510.00
4101 Monday - Wednesday - Friday Early Childhood					<b>3 day fee:</b> \$306.00
4102 Monday - Friday Early Childhood	(South Site) <b>Triphahn</b> <b>Community Center</b> 1685 W. Higgins Rd. Hoffman Estates	Also see Day Camp After Care		20	
4103 Monday - Wednesday - Friday Early Childhood					

## CAMP CONNECTIONS

Camp is recommended for non-ambulatory individuals with physical impairments and multiple needs. 7 - 21 years old.

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4110 MH Non-Ambulatory	<b>Kirk School</b> 520 S. Plum Grove Rd. Palatine	Monday - Friday July 18 - August 12 10:00 a.m. - 3:00 p.m.  Camp Connections <b>Day Camp Olympics</b> Friday, August 5	1:1 - 1:2	30	A. Buffalo Grove B. Wheeling C. Prospect Heights D. Rolling Meadows E. Arlington Heights F. Mt. Prospect G. Hoffman Estates H. Elk Grove I. Streamwood J. Hanover Park K. Schaumburg L. Bartlett M. Palatine N. Schaumburg O. South Barrington	Without Bussing: \$467.50  With Bussing from pick-up points: \$767.50  With Door-to-Door Transportation: \$967.50

### REGISTER ON-LINE

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

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

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

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

## **ADVENTURE ACTIVITY CAMP**

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

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4120 TMH, S/P, AUT, MN	<b>Pleasant Hill School</b> 434 W. Illinois Ave. Palatine	Monday - Friday July 18 - August 12 9:00 a.m. - 3:00 p.m.	1:1 - 1:3	25	A. Buffalo Grove B. Wheeling D. NWSRA	Without Bussing: \$510.00  With Bussing: \$810.00
4121 TMH, S/P, AUT, MN	<b>Meadows Baptist Church</b> 2401 Kirchoff Rd. Rolling Meadows			20	C. Prospect Heights E. Arlington Heights F. Mt. Prospect	
4122 TMH, S/P, AUT, MN	<b>Bartlett Community Center</b> 700 S. Bartlett Rd. Bartlett			15	G. Hoffman Estates I. Streamwood J. Hanover Park O. South Barrington	
4123 TMH, S/P, AUT, MN	<b>Willow Bend School</b> 4700 Barker Ave. Rolling Meadows			20	H. Elk Grove K. Schaumburg (Meineke) N. Schaumburg CRC	

## **URBAN ADVENTURES**

Camp is recommended for individuals with physical or visual impairments, 18 - 30 years old.  
Independence is promoted through local community outings that are planned with participant input.  
Annual activities include a Cubs game, cook out, day at the race track and a movie.

CAMP #	SITE NAME	DAYS/DATES TIMES	MAX	TRANSPORTATION	CAMP FEE
4080 PI/VI	<b>Park Central/Court Yard</b> 3000 W. Central Rd. Rolling Meadows	Tuesdays & Thursdays July 19 - August 11 10:00 a.m. - 3:00 p.m.	10	<b>New in 2011! Door-to-door transportation is provided.</b> Maximum of 4 per route. Transportation will add an hour or more to the morning and the afternoon. Air conditioned vehicles will be requested, but cannot be guaranteed. A bus aid is assigned to every route.	Without Bussing: \$240.00  With Door-to-Door Transportation: \$440.00

## **OUT OF THIS WORLD CAMP**

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

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4160 PI/VI Ambulatory or Non-Ambulatory	<b>Grace Lutheran Church</b> Euclid & Wolf Roads Mt. Prospect	Monday - Friday July 18 - August 12 9:30 a.m. - 3:00 p.m.	1:2 - 1:3	20	A. Buffalo Grove B. Wheeling C. Prospect Heights D. Rolling Meadows E. Arlington Heights G. Hoffman Estates H. Elk Grove I. Streamwood J. Hanover Park K. Schaumburg L. Bartlett M. Palatine N. Schaumburg O. South Barrington	Without Bussing: \$467.50  With Bussing from pick-up points: \$767.50  With Door-to-Door Transportation: \$967.50

## **SPORTS CAMP AND SUNRISE CAMP**

Camps recommended for individuals diagnosed with developmental delays: Educable Mental Handicap (EMH), Learning Disabilities (LD), Behavior Disorders (BD) or Attention Deficit Disorder (ADD) 7 - 21 years old.

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

**Sports Camp** offers swimming daily and weekly field trips. Other activities are centered around sporting events and activities. Campers will try their hand at a variety of outdoor Sports.

**Sunrise Camp** is held at an outdoor setting. Daily activities include Swimming at the lake front, boating, fishing, archery, arts and crafts, and outdoor cooking.

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4300 EMH, LD, BD, ADD	<b>Sports Camp</b> Mead Jr. High 1765 Biesterfield Rd. Elk Grove Village	Monday - Friday July 18 - August 12 9:00 a.m. - 3:00 p.m.	1:4*	35	A. Buffalo Grove D. Rolling Meadows G. Hoffman Estates	Without Bussing: \$510.00 With Bussing: \$810.00
4075 EMH, LD, BD, ADD	<b>Optional Sports Camp Overnight for campers in #4300</b>	Wednesday - Thursday August 3 - 4		15	None	\$40.00
4071 EMH, LD, BD, ADD	<b>Sunrise Camp</b> Sunrise Lake Outdoor Ed Center Bartlett	<b>3 WEEKS!</b> Monday- Friday July 18 - August 5 9:30 a.m. - 3:00 p.m.		40	A. Buffalo Grove D. Rolling Meadows G. Hoffman Estates	Without Bussing: \$350.00 With Bussing: \$576.00
4074 EMH, LD, BD, ADD	<b>Optional Sunrise Overnight for campers in #4071</b>	Thursday - Friday August 4 - 5		17	None	\$40.00

## **SUMMERS END ADVENTURES**

All Abilities, 7 - 21 years old

CAMP #	SITE NAME	DAYS/DATES TIMES	RATIO	MAX	TRANSPORTATION SEE PAGE 2	CAMP FEES
4072 All Abilities	Sunrise Lake Outdoor Ed Center Bartlett	<b>1 WEEK!</b> Monday - Friday August 8 - 12 9:30 a.m. - 3:00 p.m.	1:2 - 1:4	40	A. Buffalo Grove D. Rolling Meadows G. Hoffman Estates	Without Bussing: \$106.25 With Bussing: \$181.25

# **NEW!**

## **DAY CAMP AFTER CARE**

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

CAMP #	SITE NAME	TIMES	MIN./MAX.	CAMP FEE
4180 All Abilities 3Years & older	<b>Meadows Baptist Church</b> 2401 Kirchoff Rd. Rolling Meadows	Parents may pick up between 3:15 - 6:00 p.m.	15	\$275.00 No transportation fee required for campers who already receive bussing for camp.  \$371.00 With transportation fee from camp to After Care - 3 day camp.  \$435.00 With transportation fee from camp to After Care - 5 day camp.

# 2011 SUMMER DAY CAMP REGISTRATION FORM

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

**NWSRA regards and treats personal information about participants as confidential, except in certain unusual situations in which NWSRA may have a duty to provide such information to third parties in order to avoid unreasonable risks of harm to them or to other individuals in their care. THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND VERIFIED BY A SIGNATURE BEFORE THE PARTICIPANT IS ALLOWED TO JOIN ANY NWSRA PROGRAM.**

**REGISTRATION DEADLINE: Monday, April 25**

## Contact Information:

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

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

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

School \_\_\_\_\_ Spec. Ed. Classification/Medical Diagnosis \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Teacher \_\_\_\_\_

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

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

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

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

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

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

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

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

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

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

A. SEIZURES: Yes \_\_\_ No \_\_\_ Are seizures controlled by medication? Yes \_\_\_ No \_\_\_ Date of last seizure: \_\_\_\_\_

Please describe type of seizure and treatment desired: \_\_\_\_\_

B. MEDICAL CONDITIONS/NEEDS: Diabetes \_\_\_ Shunts \_\_\_ Braces \_\_\_ Canes \_\_\_ Walker \_\_\_ Glasses \_\_\_ PKU \_\_\_ G-tube \_\_\_

Trach \_\_\_ Epi-pen \_\_\_ Sign Language Assistance \_\_\_ Hearing Aid \_\_\_ Wheelchair (type) \_\_\_\_\_ (size) \_\_\_\_\_

C. 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.)

D. If using a wheelchair is participant capable of transferring? Yes \_\_\_ No \_\_\_

E. 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 \_\_\_

F. Allergies (specific) \_\_\_\_\_ Other \_\_\_\_\_

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

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

H. SWIM INFORMATION: Pre-beginner \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

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

I. Does your child wear a harness for transportation? Yes \_\_\_ No \_\_\_ SIZE: Small \_\_\_ Medium \_\_\_ Large \_\_\_

J. Is a bus aid required? Yes \_\_\_ No \_\_\_ Why? \_\_\_\_\_

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

L. PHOTO PERMISSION: Photo permission for NWSRA publicity purposes. Yes \_\_\_ No \_\_\_

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

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

1. My child's favorite activities are: \_\_\_\_\_

2. My child should not eat: \_\_\_\_\_

3. Inappropriate activities: \_\_\_\_\_

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

5. Socialization skills: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

7. Toilet training: \_\_\_\_\_ (Over)

A permission form must be obtained, signed and returned to NWSRA in order for staff to assist with medications. Contact NWSRA to obtain a form. For participants not needing medication dispensed at programs but would like to make us aware, please list all medications.

MEDICATION:	TYPE	DOSAGE	TIME

Doctor's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

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

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

If requesting divided payments, please check

A third of the total fee is due by May 2, May 16 and June 1.

Subtotal \_\_\_\_\_

(-\$20 if sibling discount) \_\_\_\_\_

(past program credits if applicable) \_\_\_\_\_

Total Cost \_\_\_\_\_

Make check payable to NWSRA

**You may charge your registration. Please check one.**

American Express       Discover

MasterCard       Visa

Account # \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_

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

**Safety**

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

**Insurance**

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

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

**NWSRA Waiver and Release of All Claims**

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

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

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

Please Print Name \_\_\_\_\_

# SUMMER DAY CAMP 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: \_\_\_\_\_, \_\_\_\_\_

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

Registration Begins - Monday, March 14  
Registration Deadline - Monday, April 25

## DEADLINES and REMINDERS!

# SUMMER 2011



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

## VALUES

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

## VISION STATEMENT

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

## MISSION STATEMENT



NORTHWEST SPECIAL RECREATION ASSOCIATION

3000 W. Central Road, Suite 205 • Rolling Meadows, IL 60008  
847/392-2848 • 392-2855 tty • 392-2870 fax • [www.nwsra.org](http://www.nwsra.org)

This material can be made available in an alternative format upon request. Please keep this brochure as a reference for dates, times and locations of **Summer 2011 Day Camps**.

*Address Service Requested*