



2017
SUMMER
DAY CAMP

Summer Camps Designed for
Children & Adults with Disabilities



CREATE YOUR
PERFECT
SUMMER



Welcome Letter

Welcome to the Fox Valley Special Recreation Association Summer Day Camp 2017! The Summer Day Camp program at FVSRA has played an important role in the lives of countless campers and counselors for over 40 years. Both groups return year after year to our Day Camp to learn, laugh and grow while passing on traditions and creating new ones together. For many, Summer Day Camp is a large part of "Creating Your Perfect Summer".



At FVSRA, we strive to be a safe place both physically and emotionally, where campers can explore new skills with confidence. Safety is a fundamental part of camp. Our camper-to-counselor ratio of approximately three campers per staff member assures personalized attention and offers the best possible recreation experience for each camper. Leadership Team members are present at all activities to bring professional experience and supervision to every aspect of camp.

All FVSRA Summer Day Camp staff members complete extensive and ongoing trainings in safety, behavior management and in specialized and adaptive camp programming. Every staff member participates in an intensive orientation before camp begins. All equipment and facilities meet our highest safety standards. Only when children are protected and secure, can we truly provide a successful camp experience for all.

As always, FVSRA is committed to providing an environment that is safe and fun while nurturing and developing social skills, motor skills and community awareness. This summer, camper daily activities will include sports, games, camp crafts, swimming and countless other activities that will make 2017 a year to remember!

PLEASE NOTE- NEW THIS YEAR:

I will be communicating via email following your initial registration and also weekly with a newsletter highlighting the weeks' activities and photos from the week prior. Please make sure to provide an active email address when registering to receive this information in a timely fashion. We are excited to have a wealth of information also provided on our new website at www.FVSRA.org.

Claire Howes, CTRS

Claire Howes, CTRS
School Services & Day Camp Manager
ClaireH@FVSRA.org or 630-907-1114 x1213

General Information

Seven day camps have been planned to serve children and young adults with special needs, ages 3 through 30. The camps are organized by age and ability groups with a wide variety of activities planned for each site. Each camp site location has an indoor facility to assure no camp cancellations due to adverse weather conditions.

Weekly themes are incorporated into each of the camps to offer a variety of leisure and fitness activities that include sports, games, nature, drama, music, adventure activities, arts and crafts, swimming, age-appropriate field trips, visits from special guests and special events.

**Camp meets Mon-Thurs, June 12-August 3
(No Camp July 3-6. See page 15 for alternative programming)**

FVSRA Summer Day Camp is based on these fundamentals:

- an organized framework
- trained staff
- physical and psychological safety
- appropriate structure
- community integration
- opportunities to belong and make a difference
- opportunities for exploration and fun
- opportunities for socialization and developing friends
- opportunities for skill building
- opportunities for physical fitness and outdoor play

Day Camp Open House

An Open House is offered for both parents and campers. Meet the camp staff who will be working with your child and tour the camp site. At this time, parents are encouraged to share information regarding any special needs of their child. Day Camp Open House takes place Friday, June 9 from 4:00-6:00pm at camp site locations.

*Please note: If your child has personal needs that require additional training for the camp staff, please schedule an appointment with the Camp Site Director through Claire Howes, Day Camp Manager.

General Information

Camper's Guide

A detailed list of camp information including a calendar of events, field trip information, guidelines and reminders about camp procedures will be available online at FVSRA.org under "Programs."

Lunch & Snack

Each camper must provide their own labeled snack, sack lunch and beverage daily. Please provide a labeled water bottle.

Personal Inquiry Meetings

Parents are invited to set up a personal meeting with Claire Howes, Day Camp Manager, to learn more about FVSRA Summer Day Camp. Please contact Claire at (630) 907-1114 x 1213 or ClaireH@FVSRA.org to set up a phone or in-person meeting.

Camp T-shirt

Each camper will receive a Day Camp T-shirt. T-shirts are worn on all field trips.

Dispensing of Medication

If a camper needs to receive medication during camp hours, the medication must be delivered to the FVSRA office by Friday, June 9. Medication must be delivered in the original prescription bottle or in clearly marked containers, which include the camper's name, medication, dosage, and time of day the medication is to be given to the camper. A parent/guardian must complete the Permission to Dispense Medication waiver and Release of All Claims form, sign the Medication Dispensing Information form, and provide written medication dispensing instructions (forms at FVSRA.org under "About.")



Staffing Ratio

An average ratio of 1 staff to every 3 campers is maintained at campsites. The ratio may vary according to the abilities and functioning levels of the campers. Some campers may require a higher ratio, such as 1:1 or 1:2. By granting permission on the summer day camp registration form for FVSRA to contact your child's teacher, FVSRA will be able to gain additional valuable information to best assess your child's needs. All day camp staff participate in an extensive orientation which prepares them to meet the specific needs of each camper. FVSRA maintains the right to determine final staffing ratios.

Program Staff

Site directors are typically college graduates or upperclassmen in the field of Therapeutic Recreation, Special Education or a related field. The site directors are the on-site supervisors of the program and must have Handle with Care Training, CPR and First Aid Certification.

Day camp staffers are teachers, teacher assistants, college graduates, and collegians working on degrees in Therapeutic Recreation, Special Education, Adaptive Physical Education or a related field, as well as mature high school students. Staff may work one-on-one with a camper or may be responsible for a group of campers.

Transportation

Transportation costs are in addition to the camp fee for those that need transportation to and from camp. FVSRA has contracted with RichLee Vans to provide door to door transportation. Service is available to campers who reside within the boundaries of the Fox Valley, Geneva, St. Charles, Batavia, Sugar Grove, Oswegoland Park Districts and the Village of South Elgin. Routes are streamlined to keep trips as close to 75 minutes or less as possible. Please indicate transportation choice on the registration form. The transportation service will pick up campers at their home, take them to camp, and return them to their home or a consistent location designated by a parent/guardian.

Registration

Each camp is limited to a maximum number of campers. Early registration is important for acceptance to camp. Registrations will be processed on a "First Come, First Served" basis, with preference given to campers residing within the FVSRA boundaries. Find forms on pages 11-14.

Register up front for all seven weeks and receive an additional \$45 discount!

Early Bird Registration Ends: Monday, May 1

Regular Registration: Friday, May 26

Payment in full must be received at time of registration. To apply for financial assistance, please see scholarship information below.

Please note, our registration process provides an early bird discount.

- Register by May 1 to receive the early bird discount (\$25 reduction in camp fee per week).
- Regular registration deadline is May 26.
- Campers must **register at least 10 days prior to starting camp in order to meet transportation needs** and ensure the overall safety and success of the camp experience.
- Participants may enroll by the week, a combination of weeks or all seven weeks. FVSRA will use its discretion to place participants based on their needs and FVSRA resources.
- Registration confirmation will be mailed to the camper's home or sent electronically.
- Please note that resident camper registrations take priority over non-resident registrations. Non-resident registrations will be processed when non-resident reg opens on April 3, 2017.
- Register carefully! In the event that it is necessary to alter a camp registration after it has been received at FVSRA, there will be a \$15 charge for any change to the registration.

Scholarship Information

Resident Scholarships

FVSRA has limited scholarship funds available for FVSRA residents who meet eligibility requirements. Participant families will be required to submit a completed application form and \$25 non-refundable application fee. If approved, the application fee will be applied to the program fee.

American Camp Association Scholarships (ACA)

FVSRA may also have limited ACA Day Camp Scholarships available on a first-come, first-serve basis. A separate scholarship form is required to be evaluated for this scholarship. Transportation costs are not included in ACA scholarships.

How to Apply

Forms are available at www.fvsra.org/forms. Please check with the office to make arrangements for payment plans, if necessary.

Refund Policy

- In the event a camp is canceled by FVSRA, a refund will be issued in the same form the payment was made.
- Requests to withdraw from camp should be directed to the Day Camp Manager. Program refund requests will be reviewed by Administrative staff for eligibility.
- Eligible credits/refunds are subject to a 10% processing fee.
- In the event a participant must drop out of camp due to an injury or illness, a doctor's note is required. The fee will be prorated starting with the date the request and the doctor's note are received by FVSRA. If a participant relocates out of the area, a refund will be made once the refund request and proof of relocation is submitted to the FVSRA office. The fee will be prorated starting with the date the request and proof of relocation are received by FVSRA.
- For events/trips involving the purchase of tickets, contracted services or specialized/non-returnable supplies, the cost of said items will be deducted from the program credit/refund unless the space is filled by another registrant.

If you have any questions regarding our Refund Policy, please contact Executive Director, Carolyn Nagle, at (630) 907-1114 or CarolynN@fvsra.org.



Lil' Stars *Campers 3-6 Years*

Campers ages 3 to 6 acquire knowledge and play in ways that are significantly different than older children learn. Staff at Camp Lil' Stars structure camp keeping in mind that younger children learn best through direct sensory encounters with their world and by manipulating, exploring and experimenting. A consistent schedule is followed from day to day, allowing campers to build trust in the environment as they learn a basic sense of time; recognizing what comes first in the day, second, next and last. Summer day camp activities include a combination of both passive and active activities in group and individual play settings. Arts and crafts, creative drama, games, music, sports and swimming are all part of the summer day camp experience designed to promote use and growth of cognitive, physical, communication and social skills. Outings and special guests are planned to enrich community awareness and experience new recreation opportunities.

Dates: Mon-Thurs, June 12-August 3
(No Camp July 3-6)

Parent Open House: Fri, June 9 from
4:00-6:00 PM at camp site

Camp Lil' Stars

Intended for campers ages 3-6 from all
FVSRA service areas.

Time: 8:30 AM - 2:00 PM

Location: Pottawatomie Community Center, St. Charles

Swimming Facility: Sunset Pool (T/TH)





Rising Stars/Shining Stars *Campers 7-12 Years*

Camp Rising Stars and Camp Shining Stars allow campers to become more independent while building self-esteem and confidence in their abilities. Each camper will participate in a diverse set of age-appropriate activities that develop and build skills through leisure. Staff encourage campers to participate in every planned activity using creative motivational tools and lead the group with fun, rewarding games. Campers will fulfill certain rotating responsibilities such as line leaders, lunch clean-up and team leaders. Staff focus on positive reinforcement in a non-competitive environment, coordinating activities that are intrinsically rewarding including: creative arts, dance, movement and sports skills. A focus on team building and collaboration are implemented during team sports and games at the camp site, and while at the pool. Special guests and group outings teach overall safety and community awareness.

Dates: Mon-Thurs, June 12-August 3
(No Camp July 3-6)

Parent Open House: Fri, June 9 from
4:00-6:00 PM at camp site

Camp Rising Stars

Intended for campers ages 7-12 in the northern
FVSRA service area.
(South Elgin, St. Charles, Geneva and Batavia)

Time: 9 AM - 2:30 PM

Location: Rotolo Middle School, Batavia

Swimming Facility:

Sunset Pool (T/TH)

Camp Shining Stars

Intended for campers ages 7-12 in the southern
FVSRA service area.
(Oswegoland, Sugar Grove and Fox Valley area)

Time: 8:30 AM - 2 PM

Location: South Point Community Center, Oswego

Swimming Facility:

Civic Center Pool (T/TH)



ALL Stars/Rock Stars Campers 13-21 Years

Camp All Stars and Camp Rock Stars encourage each camper to thrive in a group environment and the community. Camp provides an environment for campers to make friends, lower social anxiety and develop peer relationships. Planned activities challenge campers to try new things and gain new skills. Campers will play a part in decision making during group choice periods, and will have input on activities and outings planned during the course of camp. These activities include: adventure exploration, environmental awareness and the promotion of problem solving and physical skills. Playing an active role in the community during outings offers a chance to cultivate social skills. Additionally, swimming safety and skill-based games make trips to the pool safe and successful for everyone!

Dates: Mon-Thurs, June 12-August 3
(No Camp July 3-6)

Parent Open House: Fri, June 9 from
4:00-6:00 PM at camp site

Camp All Stars

Intended for campers ages 13-21 in the northern
FVSRA service area.
(South Elgin, St. Charles, Geneva and Batavia)

Time: 9:00 AM - 2:30 PM

Location: Persinger Center, Geneva

Swimming Facility:
Sunset Pool (M/W)

Camp Rock Stars

Intended for campers ages 13-21 in the southern
FVSRA service area.
(Oswegoland, Sugar Grove and Fox Valley area)

Time: 9:00 AM - 2:30 PM

Location: John Shields Elementary School, Sugar Grove

Swimming Facility:
Splash Country (M/W)

Beyond the Stars Campers 22-30 Years

Beyond the Stars provides purposeful activities, practicing functional skill building within the traditional summer day camp setting for campers ages 22 to 30. Campers will enhance and develop new skills in cooking and nutrition, safety and problem solving with programming specifically designed for young adults. Each day offers campers opportunities to socialize through peer interaction, improving language and communication skills while developing new friendships.

Beyond the Stars offers exposure to new leisure and fitness options including sports skills, motor development, aerobic workouts, arts and crafts, music, games and community awareness when visiting FVSRA Member Agency park and recreation resources. Activities include swim outings, special guests and group projects. Campers are sure to stay engaged, active and involved in the community all summer long with a variety of outings and volunteer projects!

Dates: Mon-Thurs, June 12-August 3
(No Camp July 3-6)

Parent Open House: Fri, June 9 from
4:00-6:00 PM at camp site

Camp Beyond the Stars

Intended for campers ages 22-30 from all
FVSRA service areas.

Time: 9:00 AM - 2:30 PM

Location: Lodge at Laurelwood, Batavia

Swimming Facility: The Quarry (M/W)





Online Registration

Fox Valley Special Recreation Association is proud to announce a partnership with Rec1 to provide online registration to our participants and their families.

The new software focuses on the customer experience by providing a 21st century solution to registration and account management.

Participants and their families will now be able to pay account balances, register for programs and Summer Day Camp online, print receipts, print reports, search for age and grade related programming, view your upcoming activities, and much more!

Visit FVSRA.org/Registration to create a family account and view online video tutorials.

- **Mobile friendly & convenient**
- **Track family activities**
- **Share activities via Facebook**
- **Receive emails & text reminders**
- **View account balances**
- **Complete Annual Information Form**

Important Summer Day Camp Dates

- | | |
|---------|----------------------------------|
| 3/1/17 | Residents registration opens |
| 4/3/17 | Non-residents registration opens |
| 5/1/17 | Early bird discount ends |
| 5/26/17 | Week one registration closes |

Visit FVSRA.org/Registration to create a family account and view the online video tutorial

FVSRA Summer Day Camp 2017 Registration Form

BE SURE TO COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

Participant Name: _____ Age: _____

Please CHECK Camp		For Office Use ONLY				
Camp Name		Sch Awd	D/C/N	Date	Ck#	Amt
<input type="checkbox"/> Lil' Stars (3-6 years)						
<input type="checkbox"/> Rising Stars (7-12 years)	<input type="checkbox"/> Shining Stars (7-12 years)					
<input type="checkbox"/> All Stars (13-21 years)	<input type="checkbox"/> Rock Stars (13-21 years)					
<input type="checkbox"/> Beyond the Stars (22-30 years)						

Please CHECK registration choice(s) Campers must register at least 10 days prior to starting camp to meet transportation and safety needs.

Camp Week	Resident Fees Opens 3/1/17				Non-Resident Fees Opens 4/1/17	
	Camp Fees Only		Camp Fees including Door to Door Transportation		Camp Fees Only**	
	Early Bird (through May 1)	Regular Fees (after May 1)	Early Bird (through May 1)	Regular Fees (after May 1)	Early Bird (through May 1)	Regular Fees (after May 1)
All 7 Weeks (June 12- Aug. 3)	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$2,150	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,613
Week 1 (June 12 - June 15)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$203	<input type="checkbox"/> \$240
Week 2 (June 19 - June 22)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$203	<input type="checkbox"/> \$240
Week 3 (June 26 - June 29)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$203	<input type="checkbox"/> \$240
NO CAMP THE WEEK OF JULY 3-6. CHECK OUT PAGE 15 FOR ALTERNATE PROGRAM OPTIONS.						
Week 4 (July 10 - July 13)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$203	<input type="checkbox"/> \$240
Week 5 (July 17 - July 20)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$203	<input type="checkbox"/> \$240
Week 6 (July 24 - July 27)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$203	<input type="checkbox"/> \$240
Week 7 (July 31 - Aug. 3)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$203	<input type="checkbox"/> \$240

** - Door to door transportation is not available for non-residents.

TRANSPORTATION IS DOOR TO DOOR. Please provide information regarding pick-up and drop-off location and contact.

Contact Name: _____ Relationship: _____ Phone #: _____
 Pick-Up Street Address: _____ City/Zip: _____
 Drop-Off Street Address: _____ City/Zip: _____
 Emergency Contact: _____ Relationship: _____ Phone #: _____

Does your child utilize any special accommodations or equipment while using school transportation due to physical, emotional or behavioral needs:

☐ Yes ☐ No If yes, please describe: _____

PAYMENT — PAYMENT IN FULL IS REQUIRED FOR REGISTRATION. Total Camp Fees Due: _____ IF PAYING BY CREDIT CARD: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex Credit Card Number: _____ Expiration Date: _____ CVV: _____ Card Holder Signature: _____ (REQUIRED for credit card payment)	
--	--

☐ I grant FVSRA permission to contact participant's teacher.

School Name: _____

Teacher Name: _____

Phone #: _____ Email: _____

T-Shirt Size:

<input type="checkbox"/> Adult	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> LG <input type="checkbox"/> XLG <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL
<input type="checkbox"/> Child	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> LG

FVSRA Summer Day Camp 2017 Registration Waiver

Fox Valley Special Recreation Association
2121 W. Indian Trail • Aurora, IL 60506
Ph: 630.907.1114 • F: 630.907.1116 • FVSRA.org

Participant Name: _____ Age: _____ Birthdate: _____ Sex: _____ Ethnicity: _____
(for statistical purposes)

Home Address: _____ City: _____ Park District: _____ Zip: _____

Primary Home #: _____

Father/Guardian Name: _____ Cell #: _____ Work # _____

Mother/Guardian Name: _____ Cell #: _____ Work #: _____

I would like to receive FVSRA program and news updates via email. Email Address (print clearly): _____

I would like to donate to the FVSR Foundation. Please accept my donation of \$ _____

Is this a new address? ☐ Yes ☐ No

Is this a new phone number? ☐ Yes ☐ No

Is this a new participant? ☐ Yes ☐ No

Will participant be responsible for self-medication? ☐ Yes ☐ No

Will staff need to administer medication? ☐ Yes ☐ No

Is participant requesting a scholarship? ☐ Yes ☐ No

Registration deadline is Friday, May 26.

IMPORTANT INFORMATION

The Fox Valley Special Recreation Association (FVSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The FVSRA 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 this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational 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.

WARNING OF RISK

Recreational activities/programs 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 activity/program. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instructive or officiating, and other risks inherent to the particular activity. IN this regard, it is impossible for FVSRA to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing it and participating in the FVSRA Summer Day Camp 2017 activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume that 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 this program/activity against the FVSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as "FVSRA").


I understand the FVSRA may photograph/videotape the events or activity in which I am (or my child/ward is) participating. I give my permission for the FVSRA to use photographs or videotape of me (or my child/ward) for the purpose of promoting the FVSRA and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/ward) at this time or in the future for the use of my (or my child/ward's) likeness.

If extenuating circumstances prohibit the use of my (or my child/ward's) likeness, please circle the following: **No Photo.**

In the event of an emergency, I understand and authorize FVSRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Important Information, Warning of Risk, Waiver, Assumption of Risk, and Release of All Claim. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

NOTE: When registering by FAX, it is mutually understood that the facsimile registration document (including the Waiver & Release of All Claims) shall substitute for, and have the same legal effect, as the original form.

REQUIRED	Sign & Date Waiver Here	
		Participant's Name: _____ Date: _____ (Print)
		Participant's Signature: X _____ (18 years or older or Parent/Guardian)
	PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN IS NOT ON THIS WAIVER.	

Annual Information Form

Form Valid March 1, 2017 - May 31, 2018

General Information

Participant Information PLEASE COMPLETE EACH SECTION AND PRINT CLEARLY

Name _____ Age _____ Birthdate _____ Sex _____ Ethnicity _____
Home Address _____ City _____ State _____ Zip _____
Phone # _____ Park District _____ Township _____
School/Work _____ Phone # _____ Teacher/QSP _____ Phone # _____
Doctor _____ Phone # _____

Parent/Guardian Information PRINT CLEARLY

Father's Name _____ Cell # _____ Mobile Carrier _____
Cell # _____ E-mail _____
Mother's Name _____ Cell # _____ Mobile Carrier _____
Cell # _____ E-mail _____

Emergency Contact

Name _____ Relationship _____ City _____
Home # _____ Cell # _____ Work # _____

Medical Information

Disability Information PLEASE INDICATE PRIMARY DISABILITY WITH A "1" AND SECONDARY WITH A "2."

- | | | |
|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> None |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Physical Disability | |

Atlanto Axial Instability? If participant has Down Syndrome, does s/he have Atlanto Axial instability diagnosis? ☐ N/A ☐ No ☐ Yes

Surgeries? Has participant had any injuries or surgeries in the past year? ☐ No ☐ Yes (please describe) _____

Wheelchair? ☐ No ☐ Yes (manual/electric) _____

Does participant need assistance with transfers? ☐ No ☐ Yes (gait belt, hooyer, one/two man lift, etc.) _____

Seizures? ☐ No ☐ Yes (please attach seizure information sheet)

Allergies? ☐ No ☐ Yes (please describe) _____

Shunts? ☐ No ☐ Yes (please describe) _____

Dietary Needs? ☐ No ☐ Yes (please attach details of diet restrictions — i.e. diabetes, gluten-free, casein-free, G-tube, etc.)

May Participant Consume Alcohol? ☐ No ☐ Yes

(Please describe the type and quantify permitted. Please note FVSRA has a two drink maximum.) _____

Medication PLEASE LIST ALL MEDICATIONS PARTICIPANT IS TAKING, EVEN IF IT WILL NOT BE DISPENSED DURING PROGRAM(S).

Drug Name _____ Dosage _____ Frequency _____

Drug Name _____ Dosage _____ Frequency _____

Drug Name _____ Dosage _____ Frequency _____

Attach sheet with additional medications, if needed.

Check if stated on medication bottle(s):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Drink plenty of water | <input type="checkbox"/> May cause nausea | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> No direct sunlight | <input type="checkbox"/> May cause heat sensitivity | _____ |
| <input type="checkbox"/> Take with food | <input type="checkbox"/> May cause drowsiness | _____ |

Will participant be responsible for self medication during any program(s)? ☐ No ☐ Yes

Will staff need to remind participant to take medication? ☐ No ☐ Yes

Communication

INDICATE METHOD(S) OF COMMUNICATION.

Participant communicates... ☐ Boardmaker ☐ Sign Language ☐ Verbal-Difficult to understand ☐ Verbal-Speaks clearly
☐ other (explain) _____

Assisted Devices

INDICATE ASSISTED DEVICE(S) USED.

- | | | | | |
|---|--------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Glasses | <input type="checkbox"/> Orthopedic Devices | <input type="checkbox"/> Service Animal | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Forearm Crutches | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Prosthetic Devices | <input type="checkbox"/> Walker | <input type="checkbox"/> Other _____ |

Daily Living Skills

What level of assistance does participant need with...	Full	Moderate	Independent	Details
Eating/Drinking (cut food, uses straw, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing/Undressing (tying shoes, pulling up swim suit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting (diapers, catheter, wiping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Following directions (single step, repetition, visual cues, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money handling (monitor for correct change, no concept, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading (comprehension level, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility (keeping track of belongings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety (crossing street, water safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing (legibility, words/sentences, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Behavior

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Biting | <input type="checkbox"/> Throwing Objects | <input type="checkbox"/> Manipulative |
| <input type="checkbox"/> Hair Pulling | <input type="checkbox"/> Attention Seeking | <input type="checkbox"/> Removal of Clothing |
| <input type="checkbox"/> Hitting | <input type="checkbox"/> Defiance/Refusal | <input type="checkbox"/> Runs/Wanders |
| <input type="checkbox"/> Kicking | <input type="checkbox"/> Difficult Transitions | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Verbal Outbursts |
| <input type="checkbox"/> Spitting | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Other _____ |

Please describe behaviors (frequency, duration, staff intervention): _____

Have a specific behavior plan? ☐ No ☐ Yes (please attach)

Please list any sensory issues the participant may have: _____

Safety & Recreation

FVSRA provides an approximate 1:4 staff to participant ratio.
If participant would like to request a closer ratio, please explain why: _____

Can participant...

Be left alone after a program has ended to wait for a ride? ☐ No ☐ Yes

Get home independently from a program (i.e. walk, take public transportation, etc.)? ☐ No ☐ Yes

Please select swimming ability:

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Cannot Swim | <input type="checkbox"/> Needs a Personal Flotation Device | <input type="checkbox"/> Can Swim 1 Length of the Pool without a Personal Flotation Device | <input type="checkbox"/> Competitive/Multi Lap Independent Swimmer |
|--------------------------------------|--|--|--|

Indicate flotation device(s) owned or needed by participant _____

Goals

INDICATE REASON(S) FOR PARTICIPATION. CHECK ALL THAT APPLY.

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Activity/Fitness | <input type="checkbox"/> Motor Development | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Socialization/Friendships | <input type="checkbox"/> Creativity/Self-Expression | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Group Interaction | <input type="checkbox"/> Self-Esteem/Confidence | |
| <input type="checkbox"/> Skill Development | <input type="checkbox"/> Responsibility | |

Please identify any specific goals parents/guardians would like to see worked on: _____

REQUIRED

Signatures I attest that this information is true and accurate to the best of my knowledge and I will notify FVSRA of any changes in the above information.

Signature of person completing form

Date

Youth/Teen Programs

Check out the other evening and weekend programs available this summer by visiting www.FVSRA.org.

YOUTH PROGRAMS AVAILABLE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Busy Bodies (ages 3-9) 4:30-5:15 PM	Sensory Scientists (ages 3-12) 4:45-5:30 PM Splash & Play (ages 3-12) 5:45-6:30 PM	Sports Sampler (ages 7-15) 4:45-5:30 PM	Park Hoppers (ages 3-12) 4:30-5:15 PM	Friday Fun Youth (ages 3-12) 9:00 AM-3:00 PM	Super Saturdays (ages 3-15) 9:30 AM-12:00 PM Saturday Bowlers (ages 7-19) 11:30 AM-1:00 PM Parents Night Out (ages 3-14) 3:30 PM-7:30 PM
		Mini Camp - July 5-7 (ages 3-12) 9:00 AM-2:30 PM			

TEEN PROGRAMS AVAILABLE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open Mic Night (ages 15+) 5:30-6:30 PM		Sports Sampler (ages 7-15) 4:45-5:30 PM Water Warriors (ages 13-22) 5:45-6:30 PM	You've Got Talent (ages 13-30) 5:00-6:00 PM	Friday Fun Youth (ages 13-21) 9:00 AM-3:00 PM	Super Saturdays (ages 3-15) 9:30 AM-12:00 PM Saturday Morning Swim (ages 16-30) 10:30-11:30 AM Friends Night In (ages 15-25) 3:30-7:30 PM Saturday Bowlers (ages 7-19) 11:30 AM-1:00PM
		Mini Camp - July 5-7 (ages 13-25) 9:00 AM-2:30 PM			





FOX VALLEY SPECIAL RECREATION ASSOCIATION

2121 W. Indian Trail
Aurora, IL 60506

Phone: (630) 907-1114

Fax: (630) 907-1116

FVSRA.org  



If you would like to stop receiving this brochure, please call the FVSRA office and ask to be taken off the mailing list.

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iCan Bike



in partnership with



This summer, FVSRA is partnering with iCan Shine to teach individuals with disabilities how to ride a standard two-wheel bike using their specialized equipment.

MON-FRI, JULY 17-21

Vaughan Athletic Tennis Ctr.
2121 W. Indian Trl.
Aurora IL, 60506

Camp Contact:

Michelle Livingston
(630) 907-1114
MichelleL@FVSRA.org



Requirements for Participation

- Individuals with a disability who are 8 years or older
- Ambulatory without an assistive device
- Able to side step quickly to both sides
- Able to wear a properly fitted bike helmet (brought from home)
- Minimum inseam measurement of 20"
- Maximum weight is 220 lbs.

**Must be Able to Attend all Five Program Days
of Chosen Session**

Session 1	8:30 AM-9:45 AM
Session 2	10:05 AM-11:20 AM
Session 3	11:40 AM-12:55 PM
Session 4	2:00 PM-3:15 PM
Session 5	3:35 PM-4:50 PM