

# CUSR



CHAMPAIGN-URBANA SPECIAL RECREATION

PROVIDING  
QUALITY PROGRAMS  
FOR INDIVIDUALS  
WITH SPECIAL  
NEEDS



2024

# FALL GUIDE



CHAMPAIGN  
PARK DISTRICT



URBANA  
PARK DISTRICT

CUSR IS A JOINT PROGRAM BETWEEN  
CHAMPAIGN & URBANA PARK DISTRICTS

## OUR MISSION

*To provide quality recreational programs and services for Champaign-Urbana residents with disabilities.*

## OUR VISION

*To create a diverse, dynamic, and inclusive community that provides opportunities for people of all abilities.*

## INVITE US TO SPEAK

CUSR staff members are knowledgeable in many disability-related issues and topics. Let us talk to your group about the Americans with Disabilities Act, integration, and the future of special recreation. An overview of CUSR's mission, trends in recreation, and many other topics are available to you with a simple phone call. Call the CUSR office at 217-819-3980 to schedule.



## CUSR

CUSR Center  
2212 Sangamon Dr.  
Champaign, IL 61821

### Office Hours:

Mon-Fri, 8am-5pm

### Office Closed:

Sept. 2, Nov. 11, Nov. 28 & 29,  
Dec. 24 & 25

**Phone:** 217-819-3980

711 Relay

**E-Mail:** [cusr@champaignparks.org](mailto:cusr@champaignparks.org)

**Website:** [cuspécialrecreation.org](http://cuspécialrecreation.org)

## Inclusive Programs through CUSR

CUSR and its member park districts believe that all individuals should be provided with leisure opportunities that allow for performance at their highest level of ability. We understand that not every person who has a special need desires CUSR programming. In cooperation with the Champaign Park District and the Urbana Park District, CUSR staff will be happy to assist and advise any resident who is interested in participating in local park district programs. CUSR will provide the type of support deemed necessary for successful participation. Support may include training with the park district staff members, consultation with the individual and the individual's family members, and the assistance of a support staff member. CUSR provides all inclusion services at no cost to the individual. For more information, please contact CUSR.

## Program History

CUSR is an intergovernmental cooperative made up of the Champaign and Urbana Park Districts, founded in 1985. CUSR provides year-round leisure and recreation opportunities for children and adults with disabilities. Our mission is to enhance participants' abilities in enjoyable recreational, leisure, and social settings. CUSR participants explore new areas of interest, make new acquaintances, and learn lifetime leisure skills. Our services include inclusive and cooperative programs, special events, after school programs, overnights, trips, Special Olympics, summer day camps, and much more.

## Americans with Disabilities Act (ADA)

CUSR complies with the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of a disability. CUSR will make reasonable accommodations in recreation programs to enable participation by an individual with a disability who meets essential eligibility requirements. The recreation programs offered by CUSR will be available in the most integrated setting appropriate for each individual. If you have any questions regarding the ADA, or believe you have been unfairly discriminated against by CUSR, please contact CUSR at 217-819-3980.

## CUSR STAFF



**Jarrod Scheunemann**  
DEPUTY EXECUTIVE DIRECTOR



**Christina Mott, CPRP**  
CUSR MANAGER



**Nikiaya Brandon**  
ADULT PROGRAM & EVENT  
COORDINATOR



**Tristan Elzy**  
YOUTH & TEEN COORDINATOR



**Cole Alvis**  
ATHLETICS, INCLUSION, AND  
VOLUNTEER COORDINATOR

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## PROGRAM LOCATIONS



### CHAMPAIGN

Champaign-Urbana  
Special Recreation Center  
2212 Sangamon Dr. / 217-819-3980

### SAVOY

Old Orchard Lanes & Links  
901 N Dunlap Ave

### PESOTUM

Healing Horse Stables  
378 CR 700 E

## EMERGENCY CONTACT

Youth & Teen Programs | Cell: 217-369-9185  
Adult Programs | Cell: 217-369-3496  
Athletics Programs | Cell: 217-369-8758

### PROGRAM CELL PHONE POLICY

CUSR cell phone numbers are to be used for **emergencies only**. Per our policy, these phones will only be on an hour before a program until the end of the program. If you need to reach a coordinator between the hours of 8:00am and 5:00pm, Monday thru Friday, please call the CUSR Center.





# FALL



## REGISTRATION

A CUSR registration form must be used. You may register for CUSR programs at these locations:

### CUSR Center

2212 Sangamon Drive, Champaign

### Leonhard Recreation Center

2307 Sangamon Drive, Champaign

### Douglass Community Center

512 E. Grove Street, Champaign

### Springer Cultural Center

301 N. Randolph Street, Champaign

Or register online at [cuspecialrecreation.org](http://cuspecialrecreation.org) or by mailing in a CUSR registration form.

## PAYMENT

Full payment must be received upon registration unless specific arrangements have been made with the CUSR office. Registrations will not be processed if a fee balance remains from a previous season. Registrations are accepted in person at the locations listed to the left, through mail, and online. Coordinators and program leaders MAY NOT receive payment or registration forms at programs. CUSR does not prorate for late registration. Exceptions may be made for people who are new to the community.

## NON-RESIDENT POLICY

To ensure more individuals have access to the CUSR programs of their choice, there is a policy for all those non-residents whom do not pay taxes into Champaign or Urbana Park Districts. Non-residents have the option to pay \$50 for a year's privilege to register at resident rates. This charge is yearly starting from the time initially paid. This fee does not include access to scholarships, which are reserved for tax-paying residents of the Champaign and Urbana Park Districts.

## MEDICATION

At times, participants may require assistance taking medication during programs. If the participant is unable to self-medicate or take the medication prior to or after the program, CUSR requires additional paperwork, and pre-packaged medication must be delivered to our office prior to the program.

## CTRS-Certified Therapeutic Recreation Specialist

This certification demonstrates that each of these individuals, through education, experience, and passing a knowledge-based examination, has met the minimum requirements for practice in therapeutic recreation. The national exam for Therapeutic Recreation Specialists is based on knowledge from the National Job Analysis Study for Therapeutic Recreation which defines the important skills and knowledge necessary for minimum competency in the therapeutic recreation practice.

CUSR employs experienced professionals who understand the level of skill, both physical and mental, needed to participate fully and safely in the programs they plan. Therefore, CUSR reserves the right to determine if a program is suitable for an individual. Staff may serve as a resource to suggest alternate programming.

## CUSR Transportation

Our door-to-door routes are limited due to staff shortages.

**All residents of Champaign-Urbana are important to us!** If you are new to the area, CUSR invites you to come discover the programs and events for you and your family. Throughout the year, we provide a large variety of educational, social, recreational, and sports activities for all ages and abilities. To learn more about what we have to offer, call 217-819-3980, and we will be happy to explain any program or service. As a potential program participant, we would like to meet with you and your family!



**A  
Fundraiser  
for the CUSR  
Scholarship  
Fund**

## CUSR Cupcake 5K

All Ages

Join us for the 12th Annual CUSR Cupcake 5K! This is a timed, accessible race ending with a delicious cupcake. Funds raised will go into CUSR's Scholarship Fund, which supports individuals who need financial assistance to access CUSR programs and services. Runners, walkers, and registrants who use a wheelchair are welcome. All registrants must provide a valid email address in order to receive crucial pre-race information. Updated information will also be posted on the CUSR's Facebook page. Register early for this sweet race!

After the 5K at 10am, there will be a 100m Dash for kids ages 10 and under.

*The event will go on rain or shine unless unsafe weather conditions exist. No refunds if cancellation due to unsafe weather conditions. All proceeds go directly to CUSR's scholarship fund.*

Category	Max	Fee	Register at
Runners	100	\$35	<a href="https://runsignup.com/Race/IL/Champaign/Cupcake">https://runsignup.com/ Race/IL/Champaign/ Cupcake</a>
Walkers	100	\$35	
Rollers	25	\$35	
Kids 100m Dash	15	\$10	
5K Youth 11-18	100	\$20	



**Date:** Sunday, November 3

**Time:** Check-in from 8-8:45am; Race starts at 9am

**Location:** Carle at the Fields

**Deadline:** Mon, October 7 at 5pm to receive a t-shirt

**On-site registration:** 8-8:30am (no t-shirt provided)

**On-site registration fee:** \$40 Adults



## DSO 49th Annual Holiday Party & Open House

Ages 18 & Under

Santa is coming to town! This party is hosted by Delta Sigma Omicron for children with a disability and their families. Enjoy activities, games, crafts, and a visit from Santa. Children must be registered in order to receive a gift from Santa. CUSR is proud to be a sponsor of this event! Register online at [disability.illinois.edu/holidayparty-registration](http://disability.illinois.edu/holidayparty-registration), or by phone with the form from the website at 217-333-4607, or email [mlgilbrt@illinois.edu](mailto:mlgilbrt@illinois.edu).

**Date** Saturday, December 14  
**Time** 1-3:30pm

**Location:** Leonhard Recreation Center

**Fee(R/NR):** Free

**Deadline:** Thursday, November 30

# YOUTH & TEEN

## CUSR After School Program

### Ages 5-22

Fill your afternoons with games, sports, arts and crafts, cooking, and hanging out with friends at the CUSR Center! We offer an amazing and safe atmosphere where participants will laugh, play, grow, and learn new skills.

To reserve your spot, pay the \$10 non-refundable deposit per child, per month. The remaining balance will be due on the deadline listed below by 5pm. Participants will be dropped if payment is not made by the deadline in order to offer the spot to a wait-listed participant.

**IMPORTANT NOTICE:** CUSR's After School Program starts at 2:30pm. It is the parent or guardian's responsibility to coordinate a drop off time with the bus responsible for transporting their child to ensure an appropriate drop-off time.

Early drop-offs may not be able to be accommodated.

**GOALS:** *Improve verbal and social skills, build new friendships, and gain self-confidence and independence. Expand knowledge of leisure activities.*

Date	Monthly Fee (R/NR)
August 12-31	\$195/\$293
September 3-30*	\$260/\$390
October 1-31*	\$221/\$332
November 1-30*	\$221/\$332
December 1-20*	\$195/\$293

**No Program:** 9/2, 10/14-10/18, 11/11, 11/27-11/29, 12/23-12/31

**Days:** Monday-Friday

**Times:** 2:30-5:30pm

**Min/Max:** 6/12

**Deadline:** One week prior to month starting

**Location:** CUSR Center

**No Door-to-Door Transportation**

## CUSR Fall Break Camp

### Ages 5-22

Join us for a fun-filled break with friends! Activities include arts and crafts, outdoor sports and games, nature exploration, and much more!

**GOALS:** *Enhance social skills, learn new leisure activities, and increase independence.*

Date	Day	Fee(R/NR)
October 14	Monday	\$65/\$97.50
October 15	Tuesday	\$65/\$97.50
October 16	Wednesday	\$65/\$97.50
October 17	Thursday	\$65/\$97.50
October 18	Friday	\$65/\$97.50

**Time:** 8am-5pm

**Location:** CUSR Center

**Min/Max:** 6/12

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## CUSR Winter Break Camp

### Ages 5-High School Graduate

Break is never boring when spent with friends! Students will stay active and learning by playing games, cooking, trying creative projects, and enjoying field trips. Please pack your child a sack lunch. **All CUSR Camps and programs are NUT FREE.**

**GOALS:** *Enhance social skills, learn new leisure activities, and increase independence.*

Date	Day	Fee(R/NR)
December 23	Monday	\$65/\$97.50
December 26	Thursday	\$65/\$97.50
December 27	Friday	\$65/\$97.50
December 30	Monday	\$65/\$97.50
December 31	Tuesday	\$65/\$97.50
January 2	Thursday	\$65/\$97.50
January 3	Friday	\$65/\$97.50

**Time:** 8am-5pm

**Min/Max:** 6/12

**Deadline:** December 16

**Location:** CUSR Center

**No Door-to-Door Transportation**



# YOUTH & TEEN SPECIAL EVENTS

## Sensory Painting **NEW!**

**Ages 5-16**

Enjoy vibrant and hands-on art experience through engaging activities with different textures and colors. Participants can explore their artistic potential in a fun and supportive environment. Join us for a sensory painting adventure!

**GOALS:** Increase socialization skills and peer interaction and improve fine motor skills.

Date	Day	Fee(R/NR)
September 20	Friday	\$7/\$10.50

**Time:** 5:30-6:45pm

**Location:** CUSR Center

**Min/Max:** 4/8

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Spooktacular Carnival **NEW!**

**Ages 8-16**

Get ready for a fun Halloween Carnival kids' program! Join us for games, activities, and treats. Kids can wear costumes, decorate pumpkins, and enjoy crafts. There will also be storytelling, a haunted maze, and a costume contest.

**GOALS:** Improve verbal and social skills, build new friendships, and gain self-confidence and independence.

Date	Day	Fee(R/NR)
October 25	Friday	\$7/\$10.50

**Time:** 3-5pm

**Location:** CUSR Center

**Min/Max:** 6/12

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Santa's Workshop

**Ages 5-12**

Step into Santa's Workshop! Our program offers an enchanting opportunity to experience the magic of the North Pole. Activities include toy-making, decorating cookies, letter writing to Santa, and singalong sessions. Participants will create cherished memories that last a lifetime.

**GOALS:** Enhance motor skills and gain skills in peer interaction and socialization.

Date	Day	Fee(R/NR)
December 9	Monday	\$12/\$18

**Time:** 5:30-7pm

**Location:** CUSR Center

**Min/Max:** 5/10

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**



**NEW!**

## SCHOLARSHIPS AVAILABLE FOR IN-DISTRICT RESIDENTS

CUSR provides a scholarship policy to reduce certain fees and charges. Scholarship applications are not guaranteed and are based on available funds, program registration, or choice of program location. Early applications are given priority. Please apply 3-4 weeks before the program start date.

Applications are available at the CUSR office and can be mailed upon request. Need is the primary criteria upon which scholarship applicants are considered.



# ADULTS MULTI-DAY PROGRAMS

## Adults' Day-In Program

**Ages 19+**

Let us fill your day with fun crafts, games, and activities, while also hanging out with friends and experiencing new things within our community. Why stay at home when you can be in a fun zone!

**GOALS:** Promotes healthy relationships, problem solving skills, and social engagement.

Date	Fee(R/NR)
September 2-30*	\$248/\$372
October 2-30	\$270/\$405
November 1-27*	\$203/\$304.50
December 2-20	\$203/\$304.50

**No Program:** Sept 2, Nov 11, Nov 27-29\*

**Day:** Mondays/Wednesdays/Fridays

**Time:** 9am-12pm

**Location:** CUSR Center

**Min/Max:** 6/10

**Deadline:** 1 week prior to program

**Drop-off Transportation:** \$65

## 5 Corner Program

**Ages 14+**

CUSR presents five programs that consist of fun and cool interactive activities, as well as field trips. Join us for one or more!

**GOALS:** Enhance socialization with peers.

Day	Date	Activity
Tuesday	Sep 3	Floor Hockey
Friday	Sept 20	Bowling
Wednesday	Oct 30	Spooky Cookies
Wednesday	Nov 27	Dinner and a movie
Monday	Dec 2	Holiday Mocktails

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

**Location:** Meet at CUSR Center

**Fee (R/NR):** \$5/\$7.50 per date

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Adults' Day-In 2

**Ages 19+**

Can't get enough of our Adults' Day-In Program? Do you want to participate in a productive and fun program? Join us every Tuesday and Thursday to engage in themed activities, crafts, and games.

**GOALS:** Promotes healthy relationships and problem-solving skills.

Date	Fee(R/NR)
September 3-26	\$90/\$135
October 1-31	\$90/\$135
November 5-26*	\$80/\$120
December 3-19	\$60/\$90

**No Program:** Nov 28\*

**Day:** Tuesdays/Thursdays

**Time:** 9am-12pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**Drop-Off Only Transportation:** \$10 per week

## Flash Free Programs

**FREE!**

**Ages 14+**

Free never felt so good! Enjoy these fun and creative programs at CUSR.

**GOALS:** Enhance socialization with peers.

Activity	Date	Day
Game Night	September 12	Thursday
Dancing on the Floor	October 28	Monday
Freestyle Crafting	November 25	Monday
Caroling Karaoke	December 6	Friday

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

**Location:** Meet at CUSR Center

**Fee (R/NR):** FREE!

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**



# ADULTS SUNDAY

## Movie Nights

**NEW!**

**Ages 14+**

Spend a couple of hours at CUSR enjoying a movie and themed refreshments, based on the movie we will watch.

**GOALS:** *Engage participants in activities that stimulate memory, problem-solving, and critical thinking.*

Date	Film	Fee (R/NR)
Oct 13	Hocus Pocus 2	\$16/\$24
Nov 3	Charlie and The Chocolate Factory	\$16/\$24

**Day:** Sunday

**Time:** 5:30-7:30pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Fancy Diners

**NEW!**

**Ages 18+**

Get dressed up and step out in style! Join us for an elegant evening of dining at some of the best local restaurants. Enjoy fabulous food and even better company. The meal fee is included, so all you need to bring is your dazzling self and a smile. Don't miss out on this unforgettable night!

**GOALS:** *To encourage social interaction and friendship.*

Date	Restaurant	Fee (R/NR)
September 8	Longhorn	\$40/\$60
November 10	Biaggi's	\$40/\$60

**Day:** Sunday

**Time:** 4-6pm

**Location:** Meet at CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program



Stay connected with CUSR online:  
**Facebook.com/CUSpecialRec**

# ADULTS MONDAY

## Crafts & Snacks

**Ages 14+**

Embrace your talents by making tons of fun crafts and yummy treats.

**GOALS:** *Embrace and develop inner talents and confidence.*

Date	Activity	Fee (R/NR)
Sept 16	Edible Slime	\$14/\$21
Oct 21	Pumpkin Carving	\$14/\$21

**Day:** Monday

**Time:** 5:30-6:30pm

**Location:** CUSR Center

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Shop Until You Drop

**Ages 18+**

Whether it's shopping for extra items to put in your closet, grocery shopping, or holiday shopping for someone special, hop on our CUSR bus and shop until you drop! We will meet at the CUSR Center to create a shopping list and then go shopping. Please bring money to purchase your items.

**GOALS:** *Promotes money management and planning.*

Date	Store	Fee (R/NR)
Nov 18	Wal-Mart (Groceries)	\$5/\$10
Dec 16	Five Below (Gifts)	\$5/\$10

**Day:** Monday

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

**Location:** Meet at CUSR Center

**Min/Max:** 4/10

**Deadline:** 1 week prior to program

**Door-to-Door Transportation:** \$10



**Join our email list!** Please provide email address on the registration form.



# ADULTS TUESDAY



## Theater Class: Mystery On 5th Avenue

**Ages 18+**

Whether you're a seasoned veteran on stage or just starting out, this course is perfect for you! Actors will meet twice a week to learn the basics, rehearse their roles, and much more! At the end of this 8-week course, all actors will perform in *Mystery On 5th Avenue*.

**Note:** Tickets are \$15 each. Participants can invite up to 8 guests to purchase a ticket to the Theater Luncheon Performance.

**GOALS:** Enhance socialization with peers and increase knowledge of theatre and acting, enhancing theatrical skills.

Date	Fee(R/NR)
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Sept 3-Oct 26	\$108/\$162
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**Day:** Tuesday/Thursday

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

**Performance:** Saturday Oct 26 - Doors open at 12:30pm. Performance starts at 1pm.

**Location:** CUSR Center

**Min/Max:** 8/20

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Pens to Lens Workshop

**NEW!**

**Ages 5-22**

Join our Pens to Lens Workshop, a unique and engaging experience designed for aspiring writers and filmmakers. Participants will learn to transform their creative ideas from page to screen through hands-on learning and guidance. Thanks to the Champaign Urbana Film Society for working with us on our submissions.

**GOALS:** Gain the ability to write scripts, enhancing your creative writing skills and opening up new avenues for expression.

Date	Fee(R/NR)
------	-----------

October 1-29	\$20/\$30
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**Day:** Tuesday

**Time:** 5-6pm

**Location:** CUSR Center

**Min/Max:** 6/10

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

# ADULTS WEDNESDAY

## RecRoom on Zoom

**NEW!**

**Ages 16+**

Engage with us for 45 minutes right from home in an online bonding experience. Each week offers activities and opportunities to connect with new friends. Receive a Zoom link and detailed instructions via email every week to join in!

**GOALS:** *Contribute to a vibrant and supportive community atmosphere, boosting collective pride and social engagement.*

**Date**

Sept 11 & 18, Oct 16 & 23, Nov 13 & 20, and Dec 11 & 18

**Day:** Wednesday

**Time:** 5:30-7:30pm

**Location:** Zoom

**Fee(R/NR):** FREE!

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**FREE!**

## CUSR and PJs

**Ages 13+**

Enjoy music, snacks, and games with friends while in the comfort of your favorite pajamas!

**GOALS:** *Embrace and develop social engagement.*

**Date** **Fee(R/NR)**

September 18 \$18/\$27

November 13 \$18/\$27

**Day:** Wednesday

**Time:** 5:30-7:30pm

**Location:** CUSR Center

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

### CUSR TRANSPORTATION

Our door-to-door routes are limited due to the staff shortages.

## Chef's Club

**Ages 16+**

Learn how to cook or brush up on your cooking skills! Put your aprons on and get your stomachs ready for some great food.

**GOALS:** *Embrace and develop inner talents and confidence.*

**Date** **Theme** **Fee(R/NR)**

Oct 2 Campfire Chili & S'mores \$25/\$37.50

Nov 6 Breakfast Feast \$25/\$37.50

Dec 4 Holiday Baking \$25/\$37.50

**Day:** Wednesday

**Time:** 6-8pm

**Location:** Phillips Recreation Center

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

**Drop-Off Only Transportation:** \$10



# ADULTS THURSDAY

## Gaming at Jupiters

**Ages 16+**

Put your arcade gaming skills to the test at Jupiters! We will load up a \$25 game card, play games, and win tons of prizes. (Game card is included in the fee).

**GOALS:** Enhance socialization with peers and turn-taking skills.

Date	Fee(R/NR)
November 21	\$33/\$49.50
December 19	\$33/\$49.50

**Day:** Thursday

**Time:** 6-8pm

**Location:** Meet at CUSR Center

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

**Door-to-Door Transportation:** \$10

## Act Out – Improv Club

**Ages 14+**

Learn more about the theater world, and brush up on your theater skills! Join us for this fun prop, costume, and acting workshop!

**GOALS:** Enhance socialization with peers through acting, and gain theatrical skills.

Date	Fee(R/NR)
Dec 12	\$12/\$24
Dec 19	\$12/\$24

**NEW!**

**Day:** Thursday

**Time:** 5:30-7:30pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**



**Join our email list!** Please provide email address on the registration form.

# ADULTS FRIDAY

## Karaoke & Dancing

**Ages 16+**

ATTENTION all singers and dancers. Show off your talent on the karaoke machine. Whether you choose today's hits or the classics, it's going to be a great time!

**GOALS:** Embrace and develop inner talents and confidence.

Date	Fee(R/NR)
September 27	\$14/\$21
October 11	\$14/\$21

**Day:** Friday

**Time:** 5:30-7:30pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Book Buzz Café

**Ages 14+**

Warm up this fall at our Book Club Café! Enjoy cozy drinks, delicious treats, and hilarious reads. In our first session, we'll read and listen to "Diary of a Wimpy Kid: Old School," followed by "The Chocolate Touch." Best of all, you get to take the books home once we finish! Don't miss out on this fun and engaging experience.

**GOALS:** Improve your listening and conversational abilities by sharing thoughts and insights with the group.

Date	Fee(R/NR)
Oct 4-Nov 22	\$60/\$90

**Day:** Friday

**Time:** 5:30-7:30pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

# ADULTS SATURDAY

## Bingo Bonanza

**Ages 16+**

Join us for Bingo Bonanza, and experience the joy of bingo like never before! Don't miss out on the chance to win prizes and become the bingo champion.

**GOALS:** Enhance your cognitive skills such as memory, concentration, and pattern recognition.

Date	Fee(R/NR)
November 9	\$14/\$21
December 21	\$14/\$21

**Day:** Saturday

**Time:** 4-6pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## City Tours

**Ages 18+**

Get ready for a fun adventure in C-U! We will check out local businesses for a day filled with food and fun. Meals and activities are included in the fee.

**GOALS:** Enhance socialization with peers, enhance creativity and listening skills, and improve culinary skills and dining etiquette..

Date	Location	Fee(R/NR)
Sept 28	Buffalo Wild Wings and JJ's Fun House	\$81/\$120.50
Dec 7	Hardy's Reindeer Ranch and Papa Del's	\$81/\$120.50

**Day:** Saturday

**Time:** 2-6pm

**Location:** Meet at CUSR for drop off and pick up

**Min/Max:** 4/10

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Gameday Getaway **NEW!**

**Ages 18+**

Time to show some Illini spirit with a game day getaway! Join us to cheer our team on to victory at our home games. Meal and ticket are included in the fee.

**GOALS:** Enhance your cognitive skills such as memory, concentration, and pattern recognition.

Date	Fee(R/NR)
September 14	\$30/\$45
October 12	\$30/\$45

**Day:** Saturday

**Time:** 4-6pm

**Location:** Meet at CUSR Center

**Min/Max:** 4/10

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## OVERNIGHT TRIP Indianapolis, Indiana

**Ages 22+**

Buckle up and join CUSR for an unforgettable adventure to Indianapolis! Get ready to be amazed at "Mind Tripping," a mind-bending show filled with illusions and magic. You'll also explore the Indiana State Museum, craft your own chocolates at SoChatti Chocolate Factory, and enjoy sightseeing downtown. All meals, admissions, and board are included in the fee. Itinerary, schedules, and addresses for where we'll be staying will be sent out two weeks prior to the trip. Souvenirs and alcohol will not be covered by CUSR.

**GOALS:** Enhance socialization with peers.

Date	Fee(R/NR)
September 20-22	\$600

**Day:** Friday-Sunday.

**Time:** Depart Friday at 9am from CUSR Center; return Sunday at 6pm to CUSR.

**Min/Max:** 6/8

**Deadline:** Sept 6

**No Door-to-Door Transportation**



# SEPT & OCT

## SPECIAL EVENTS

### Dave & Buster's Trip

**Ages 19+**

If you love great food and games, this will be a great trip for you. At Dave & Buster's you will receive 275 gaming chips and some tasty lunch! Meal and game chips are included in the fee. Please meet and pick-up at the CUSR Center.

**Note:** Bring money for additional game chips if desired.

**GOALS:** Enhance socialization skills with peers.

**Date**                      **Fee(R/NR)**  
September 6              \$100/\$150

**Time:** 10am-5:30pm

**Day:** Friday

**Location:** Meet at CUSR Center

**Min/Max:** 6/10

**Deadline:** 1 week prior to program

**Door-to-Door Transportation:** \$10

### Halloween Party

**Ages 14+**

Welcome to Halloween town – it's party time! We will dance and have a costume contest, so wear your best costume! Treats will be provided.

**GOALS:** Enhance socialization skills with peers.

**Date**                      **Fee(R/NR)**  
October 5                      \$33/\$49.50

**Day:** Saturday

**Time:** 6-8pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**Door-to-Door Transportation:** \$10



Stay connected with CUSR online:  
[Facebook.com/CUSpecialRec](https://www.facebook.com/CUSpecialRec)

### CUSR'S Cozy Flame Bonfire

**Ages 16+**

**NEW!**

Join us for a night of laughter, music, and memorable moments under the stars at our bonfire bash. Bring out your fall gear and campfire taste buds for a night to remember.

**GOALS:** Enhance socialization skills with peers.

**Date**                      **Fee(R/NR)**  
October 14                      \$14/\$21

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

**Day:** Monday

**Location:** Kaufman Lake

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

### Nightmare on Sangamon – Haunted House

**Ages: 12+ for Sensory Hours**  
**14+ for Haunted Hours**

**NEW!**

Enter if you dare! This haunted house is not for the faint of heart, offering a journey through rooms filled with terrifying surprises and ghostly adventures. For those needing less noise, fewer scares, and well-lit spaces, join us for our sensory hours. Tickets must be picked up the week of the event. Dates and times will be emailed out after registration closes with available pick up times.

**GOALS:** Enhance socialization skills with peers.

**Date**                      **Fee(R/NR)**  
October 19                      \$5 tickets (tickets must be presented at the door)

**Day:** Saturday

**Time:** Sensory Hours 4-6pm  
            Haunted Hours 7-9pm

**Location:** CUSR Center

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

# NOV & DEC

## SPECIAL EVENTS

### Friendsgiving

**Ages 16+**

Celebrate friendship and gratitude at our Friendsgiving event! Join us for a heartwarming evening filled with delicious food, fun activities, and great company. Crackel Barrel will be catering.

**GOALS:** *Enhance socialization skills with peers.*

Date	Fee(R/NR)
November 24	\$25/\$37.50

**Day:** Sunday

**Time:** 5-7pm

**Location:** CUSR Center

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

### Glow Sip N Paint **NEW!**

**Ages 14+**

Join us for an electrifying evening at our Glow Sip N Paint event! Enjoy a unique painting experience under blacklights, where your artwork comes to life with glowing colors. Sip on your favorite beverages, unleash your creativity, and have fun with friends in a vibrant, glowing atmosphere.

**GOALS:** *Enhance socialization skills with peers*

Date	Fee(R/NR)
November 16	\$20/\$30

**Day:** Saturday

**Time:** 6-8pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

### Winter Wonderland Ball

**Ages 14+**

We're walking in a Winter Wonderland...celebrate the holidays at our Winter Wonderland Ball. Dinner will be served, and the dance floor will be open.

**GOALS:** *Enhance socialization with peers*

Date	Fee(R/NR)
December 14	\$55/\$82.50

**Day:** Saturday

**Time:** 6-8pm

**Location:** CUSR Center

**Min/Max:** 8/15

**Deadline:** 1 week prior to program

**Door-to-Door Transportation:** \$10

### The Ugly Sweater Holiday Party

**Ages 16+**

Get into the holiday spirit! Join us as we make wacky and festive sweaters (provided) and decorate the CUSR Tree. We will also play the white elephant gift exchange game (gifts supplied), have sweet treats, and enjoy holiday games and music with friends.

**GOALS:** *Enhance socialization skills with peers.*

Date	Fee(R/NR)
December 22	\$30/\$45

**Day:** Sunday

**Time:** 2-5:30pm

**Location:** CUSR Center

**Min/Max:** 7/15

**Deadline:** 1 week prior to program

**Door-to-Door Transportation:** \$10



# ATHLETICS



## 5K Club

**NEW!**

**Ages 12+**

Join our inclusive 5K Run Club for everyone! Enhance your fitness with personalized training plans, running drills, and supportive coaching. We will train for the CUSR Cupcake 5K race. Each participant will receive free admission to this year's race!

**GOALS:** Increase overall physical fitness, improve social skills and ability to interact with others, and increase self-confidence.

Date	Day
August 27-October 29	Tuesday

**Time:** 5:30-6:30pm  
**Location:** CUSR Center  
**Fee(R/NR):** \$40/\$60  
**Min/Max:** 4/12  
**Deadline:** 1 week before program  
**No Door-to-Door Transportation**

## Bocce

**Ages 13+**

Bocce is a sport that is similar to bowling, but is played in the grass. So, if you want the fun of bowling and the refreshing feeling of being outside Bocce is your game!

**GOALS:** Become familiar with the rules of Bocce and improve sportsmanship and teamwork skills.

Date	Day
September 5-26	Thursday
October 3-31	Thursday

**Time:** 5-6pm  
**Location:** CUSR Center  
**Fee(R/NR):** \$45/\$67.50  
**Min/Max:** 4/8  
**Deadline:** 1 week before program  
**Home-Only Transportation:** \$65

## Intro to Golf

**NEW!**

**Ages 14+**

Do you want to learn how to golf or tune up your game? This program is for you! We will spend time at the driving range working on our driving, chipping, and putting skills.

**GOALS:** Become familiar with the game of golf while also improving social skills and increasing gross motor coordination.

Date	Day
September 8-October 27	Sunday

**Time:** 11am-12pm  
**Location:** TBD  
**Fee(R/NR):** \$130/\$195  
**Min/Max:** 4/8  
**Deadline:** 1 week before program



**Join our email list!** Please provide email address on the registration form.



Stay connected with CUSR online:  
**Facebook.com/CUSpecialRec**



# SPECIAL OLYMPICS

## Strikes & Spares

### Ages 13+

Bring your friends to the bowling alley for some fun! Perfect your skills while socializing with your friends and meeting new ones. Participants will be assigned to lanes and can bowl up to two games.

*\*Participants arriving late will bowl two games, or as long as time allows.*

**GOALS:** *Improve social skills and ability to interact with others, learn and practice bowling etiquette, and increase gross motor coordination.*

Date	Day
September 23-October 14	Monday
October 21-November 18*	Monday
November 25-December 16	Monday
September 25-October 16	Wednesday
October 23-November 13	Wednesday
November 20-December 11	Wednesday

**No Program:** November 11\*

**Time:** 4-5pm

**Location:** Old Orchard Lanes and Links

**Fee(R/NR):** \$64/\$96

**Min/Max:** 4/16

**Deadline:** 1 week before program

**Home-Only Transportation:** \$65

## Mustang Basketball Co-ed Team

### Ages 13+

The Mustangs are ready to hit the court and get back into action. We will work on the fundamentals, as well as work towards competitive team play.

If enough female athletes register and prefer to focus on skills rather than competing on the co-ed team, we will work to make this an option.

It is our intent to compete against other area teams. Doing so will be dependent upon transportation availability.

**GOALS:** *Increase overall physical fitness, gain knowledge of individual basketball skills and team strategy, and improve team cooperation.*

Date	Day
October 7-January 6	Monday

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

**Location:** CUSR Center

**Fee(R/NR):** \$80/\$120

**Min/Max:** 6/13

**Deadline:** October 1

**No Door-to-Door Transportation**

## Mustang Cheerleading

### Ages 13+

GO! FIGHT! WIN! Help encourage our fellow Mustang athletes on our cheerleading squad. Over the course of this program we will learn basic choreography, plus several different cheers. Show your team spirit and join in on the fun! Uniform and pom-poms included in price.

**GOALS:** *Increase overall physical fitness, improve social skills and ability to interact with others, and increase self-confidence.*

Date	Day
September 25-December 11	Wednesday

**Time:** 5:30-6:30pm

**Location:** CUSR Center

**Fee(R/NR):** \$110/\$165

**Min/Max:** 6/12

**Deadline:** September 18

**No Door-to-Door Transportation**



# SPECIAL OLYMPICS



**Special Olympics Illinois** provides year-round sports training in a variety of Olympic-type sports for youth, teens, and adults with intellectual disabilities who are 8 years of age or older. **CUSR supports the mission of Special Olympics Illinois through participation in the following sports:**

- AQUATICS
- BASKETBALL
- BOCCE
- BOWLING
- FLAG FOOTBALL
- POWER LIFTING
- SOFTBALL
- SOCCER SKILLS
- TRACK & FIELD
- VOLLEYBALL
- YOUNG ATHLETES



## IMPORTANT SPECIAL OLYMPIC DATES

SEPTEMBER 22	Volleyball Districts
OCTOBER 5	Bowling Sectionals
OCTOBER 26-27	Fall Games
DECEMBER 7	State Bowling

## CRITERIA FOR PARTICIPATION

All Special Olympics athletes must have a current, completed Application for Participation in Illinois Special Olympics form on file with the Athletics Coordinator at CUSR. This form has four sections:

1. Athlete Information
2. Parent / Guardian Authorization & Medical Authorization
3. Health Insurance and Emergency Information
4. Medical Clearance \*Must be completed by Physician

Applications for Participation in Illinois Special Olympics are valid for 3 years based on the earliest signed date on the medical application form. Anyone interested in participating, starting a new sport, or volunteering, please call 217-819-3980.

Special Olympics has introduced a new version of the Medical Application that replaced the old form which will no longer be accepted.

In addition to this change, Special Olympics now requires all athletes to submit a waiver and release of liability and waiver regarding communicable diseases.

These forms can be found on the Special Olympics of Illinois website and turned in to the CUSR Center and forwarded onto the SPOIL office.

# REGISTRATION FORM



All information below must be completed for form to be processed.  
Any form not completely filled out will be returned to participant.

**MAIL** CUSR Center, 2212 Sangamon Dr., Champaign, IL 61821 or **ONLINE** [cuspecialrecreation.org](http://cuspecialrecreation.org)  
**OFFICE** Voice: 217-819-3980 • Relay: 711

Participant Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Email \_\_\_\_\_  
Primary Disability \_\_\_\_\_

PROGRAM NAME	CODE	PICK UP POINT	TRANSPORT CODE	FEE
1.				
2.				
3.				
4.				
5.				

- Would you like to make a donation to the CUSR scholarship fund?  \$5.00  \$10.00  Other \_\_\_\_\_
- Fee Waiver/Scholarship applied for?  Yes (If yes, please attach)  No
- CUSR may use pictures and videos taken at programs for publicity. Is this okay?  Yes  No

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Emergency Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

List Medications: \_\_\_\_\_  
List Allergies: \_\_\_\_\_  
List Dietary Restrictions: \_\_\_\_\_  
List Special Needs/Assistance Necessary: \_\_\_\_\_

Please check all that apply: WHEELCHAIR:  manual  electric  
 NONVERBAL  SIGN LANGUAGE  CLOSE SUPERVISION

## WAIVER. SEE BACK OF FORM FOR CREDIT CARD PAYMENT INFORMATION

Participant's name \_\_\_\_\_  
Participant's signature\* \_\_\_\_\_ Date\* \_\_\_\_\_  
(18+ Years or Parent/Guardian)

\* Participation can be denied if the signature of adult participant or parent/guardian and date are not on this waiver. **Please call 217.819.3980, if you require special accommodations.**

## Important Information

CUSR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. CUSR 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 CUSR programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/ programs. 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 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. 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 CUSR 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 up and participating in CUSR programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). 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 program/activities against CUSR and Champaign and Urbana Park Districts, including their respected officials, officers, employees, and volunteers (hereinafter collectively referred as "CUSR"). I do hereby fully release and forever discharge CUSR 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 understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

## Photographs

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

### **PLEASE SEE FRONT FOR WAIVER.**

### **The Waiver Must Be Signed Before Your Registration May Be Processed**

**Please make checks payable to CUSR. Complete below when using VISA/MasterCard**

Account Number \_\_\_\_\_ Charge Amount \_\_\_\_\_

3-4 Digit CCID# (on back of card) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to exam)



Medical Form Valid for 3 years from date of medical professional's signature

Region \_\_\_\_\_ Primary Agency Name \_\_\_\_\_ Secondary Agency Name \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_ Date Completed \_\_\_\_\_

If individual is a new athlete, has turned 18 since their last Medical Form submission or has a change in their guardianship status then a Special Olympics Illinois Consent Form must be submitted with the Medical Form.

## ATHLETE INFORMATION

Athlete Last Name: \_\_\_\_\_ Athlete First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Athlete Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Athlete Gender Identity:  Female  Male  Other

Athlete Ethnicity/Race:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asian             | <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino   | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Other                                  | <input type="checkbox"/> Prefer Not to Answer   |

If a new athlete, has athlete ever been convicted or charged with a criminal offense other than minor traffic violations?  No  Yes

If a currently registered athlete, in the past 3 years has athlete been convicted or charged with a criminal offense other than minor traffic violations?  No  Yes *If the answer to either question is Yes, Special Olympics Illinois may require additional information from the athlete or responsible parent/guardian.*

Athlete Mailing Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Athlete Email Address: \_\_\_\_\_ Athlete Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Athlete Employer (if applicable): \_\_\_\_\_

Name of Athlete's Primary Physician / Health Provider: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Athlete  is or is  not their own guardian (Please mark appropriate box)

The following information is for the  Parent or  Guardian of the athlete listed above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address (if different than athlete's):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Contact Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Must list at least one emergency contact)

Emergency Contact Person #1: Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Person #2: Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to exam)



Athlete's First and Last Name: \_\_\_\_\_

## DIAGNOSED SYNDROMES (check all that apply)

Autism  Down Syndrome  Fragile X Syndrome  Cerebral Palsy  Fetal Alcohol Syndrome  Other: \_\_\_\_\_

## HEART HEALTH & HISTORY (check all that apply)

Congenital Heart Defect	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Heart Murmur	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Heart Attack	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Heart Illness	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
High Blood Pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Chest pain during or after exercise	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Cardiomyopathy	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Ever had abnormal EKG	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Pacemaker	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Ever had abnormal Echo	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Heart Valve Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months

## HEAD INJURY HISTORY (check all that apply)

Concussion(s)  No  Yes  Treated in past 12 months  
Traumatic Brain Injury (TBI)  No  Yes  Treated in past 12 months  
Other: \_\_\_\_\_  No  Yes  Treated in past 12 months

## VISION AND/OR HEARING ISSUES (check all that apply)

Legally Blind  Deaf  Glasses or Contacts  
 Vision Impaired  Hearing Impaired  Hearing Aids

## ALLERGIES & DIETARY RESTRICTIONS (check all that apply & explain when indicated)

Latex  Insect Bites or Stings: \_\_\_\_\_  
 Food: \_\_\_\_\_  Medications: \_\_\_\_\_ Other: \_\_\_\_\_

## PULMONARY HEALTH & HISTORY (check all that apply)

Asthma  No  Yes  Treated in past 12 months  
COPD  No  Yes  Treated in past 12 months  
Uses an Inhaler  No  Yes  Treated in past 12 months  
Sleep Apnea (C-PAP Machine)  No  Yes  Treated in past 12 months  
Other: \_\_\_\_\_  No  Yes  Treated in past 12 months

## MENTAL HEALTH (check all that apply)

Self-injurious behavior during the past year  No  Yes  
Aggressive behavior during the past year  No  Yes  
Anxiety (diagnosed)  No  Yes  
Depression (diagnosed)  No  Yes  
Describe any additional mental health concerns: \_\_\_\_\_

## OTHER MEDICAL CONDITIONS (check all that apply)

Stroke/TIA	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Arthritis	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Dislocated Joints	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Heat Exhaustion	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Syncope	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Heat Stroke	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Colostomy	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Sickle Cell Trait/Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
G-Tube or J-Tube	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Seizure Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months
Epilepsy	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months	Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Treated in past 12 months

Has athlete had a Tetanus vaccine in past 7 years?  No  Yes Date of Shot \_\_\_\_\_

Is athlete pregnant?  No  Yes Expected Due Date \_\_\_\_\_ Month \_\_\_\_\_ Year

## NEUROLOGICAL SYMPTOMS FOR SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (check all that apply)

Difficulty controlling bowels or bladder	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Numbness or tingling in legs, arms, hands or feet	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Weakness in legs, arms, hands or feet	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Head Tilt	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Spasticity	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Paralysis	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## LIST ANY MEDICATION, VITAMINS OR DIETARY/HERBAL/NUTRITIONAL SUPPLEMENTS (includes inhalers, birth control, hormone therapy)

Medication/Vitamin/Supplement Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_  
Medication/Vitamin/Supplement Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_  
Medication/Vitamin/Supplement Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_

Is the athlete able to administer their own medications?  No  Yes

# Athlete Medical Form – PHYSICAL EXAM

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)



Athlete's First and Last Name: \_\_\_\_\_

## MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O <sub>2</sub> Sat	Blood Pressure (in mmHg)		Vision				
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better	No	Yes	N/A	
in	lbs	Body Fat %	F					Left Vision 20/40 or better	No	Yes	N/A	

Right Hearing (Finger Rub) <input type="checkbox"/> Responds <input type="checkbox"/> No Response <input type="checkbox"/> Can't Evaluate	Bowel Sounds <input type="checkbox"/> Yes <input type="checkbox"/> No
Left Hearing (Finger Rub) <input type="checkbox"/> Responds <input type="checkbox"/> No Response <input type="checkbox"/> Can't Evaluate	Hepatomegaly <input type="checkbox"/> No <input type="checkbox"/> Yes
Right Ear Canal <input type="checkbox"/> Clear <input type="checkbox"/> Cerumen <input type="checkbox"/> Foreign Body	Splenomegaly <input type="checkbox"/> No <input type="checkbox"/> Yes
Left Ear Canal <input type="checkbox"/> Clear <input type="checkbox"/> Cerumen <input type="checkbox"/> Foreign Body	Abdominal Tenderness <input type="checkbox"/> No <input type="checkbox"/> RUQ <input type="checkbox"/> RLQ <input type="checkbox"/> LUQ <input type="checkbox"/> LLQ
Right Tympanic Membrane <input type="checkbox"/> Clear <input type="checkbox"/> Perforation <input type="checkbox"/> Infection <input type="checkbox"/> NA	Kidney Tenderness <input type="checkbox"/> No <input type="checkbox"/> Right <input type="checkbox"/> Left
Left Tympanic Membrane <input type="checkbox"/> Clear <input type="checkbox"/> Perforation <input type="checkbox"/> Infection <input type="checkbox"/> NA	Right upper extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Oral Hygiene <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Left upper extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Thyroid Enlargement <input type="checkbox"/> No <input type="checkbox"/> Yes	Right lower extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Lymph Node Enlargement <input type="checkbox"/> No <input type="checkbox"/> Yes	Left lower extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Heart Murmur (supine) <input type="checkbox"/> No <input type="checkbox"/> 1/6 or 2/6 <input type="checkbox"/> 3/6 or greater	Abnormal Gait <input type="checkbox"/> No <input type="checkbox"/> Yes, describe below
Heart Murmur (upright) <input type="checkbox"/> No <input type="checkbox"/> 1/6 or 2/6 <input type="checkbox"/> 3/6 or greater	Spasticity <input type="checkbox"/> No <input type="checkbox"/> Yes, describe below
Heart Rhythm <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Tremor <input type="checkbox"/> No <input type="checkbox"/> Yes, describe below
Lungs <input type="checkbox"/> Clear <input type="checkbox"/> Not clear	Neck & Back Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe below
Right Leg Edema <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Upper Extremity Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe below
Left Leg Edema <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Lower Extremity Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe below
Radial Pulse Symmetry <input type="checkbox"/> Yes <input type="checkbox"/> R>L <input type="checkbox"/> L>R	Upper Extremity Strength <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe below
Cyanosis <input type="checkbox"/> No <input type="checkbox"/> Yes, describe	Lower Extremity Strength <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe below
Clubbing <input type="checkbox"/> No <input type="checkbox"/> Yes, describe	Loss of Sensitivity <input type="checkbox"/> No <input type="checkbox"/> Yes, describe below

### SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

- Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.
- OR**
- Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

### ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

- This athlete is **ABLE** to participate in Special Olympics sports without restrictions.
- This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe → \_\_\_\_\_
- This athlete **MAY NOT participate** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Concerning Cardiac Exam       | <input type="checkbox"/> Acute Infection                  | <input type="checkbox"/> O <sub>2</sub> Saturation Less than 90% on Room Air |
| <input type="checkbox"/> Concerning Neurological Exam  | <input type="checkbox"/> Stage II Hypertension or Greater | <input type="checkbox"/> Hepatomegaly or Splenomegaly                        |
| <input type="checkbox"/> Other, please describe: _____ |   |  |

### Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Follow up with a cardiologist      | <input type="checkbox"/> Follow up with a neurologist        | <input type="checkbox"/> Follow up with a primary care physician      |
| <input type="checkbox"/> Follow up with a vision specialist | <input type="checkbox"/> Follow up with a hearing specialist | <input type="checkbox"/> Follow up with a dentist or dental hygienist |
| <input type="checkbox"/> Follow up with a podiatrist        | <input type="checkbox"/> Follow up with a physical therapist | <input type="checkbox"/> Follow up with a nutritionist                |
| <input type="checkbox"/> Other/Exam Notes: _____            |  |   |

<b>Signature of Licensed Medical Examiner</b>	Name:	_____
	E-mail:	_____
	Phone:	- - _____
Exam Date		

# Athlete Medical Form – MEDICAL REFERRAL FORM

(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: \_\_\_\_\_

**This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.**

**Athlete should bring the previously completed pages to the appointment with the specialist.**

Examiner's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

- Concerning Cardiac Exam       Acute Infection       O<sub>2</sub> Saturation Less than 90% on Room Air
- Concerning Neurological Exam       Stage II Hypertension or Greater       Hepatomegaly or Splenomegaly
- Other, please describe: \_\_\_\_\_

**In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):**

- Yes       Yes, but with restrictions (*list below*)       No

Additional Examiner Notes/Restrictions: \_\_\_\_\_

Examiner E-mail: \_\_\_\_\_

Examiner Phone: \_\_\_\_\_

**Examiner's Signature**

**Date**



# CUSR INFORMATION

## Program Cancellation Policy

All registration cancellations must be made at least one week prior to the start of the program in order to receive a full refund. For programs with cancellation dates listed, registration must be canceled no later than the specified date to receive a full refund. Any program cancellations after the one week deadline will receive NO refund. A \$5 service charge will be deducted from all refunds.

## Inclement Weather Policy

If inclement weather occurs, CUSR may still decide to hold programs. If the weather turns dangerous, CUSR will call participants prior to the start of the program to cancel the program. If you are unsure whether a program will meet due to inclement weather, call CUSR. Missed programs due to weather may be made up the week after the end of the program season. Credit is given for additional cancellations.

## Late Pick-Up Policy

In order to be fair to our participants and program leaders, CUSR has enacted a late pick-up policy. The first time a participant is not picked up within a 5 minute grace period, a written warning will be handed out. For each minute following the grace period, a fee of \$1/per minute will be charged to the parent or guardian. Registration for other programs will not be accepted until all outstanding late fees are paid. Thank you for helping us to respect others through punctual pick-ups.

## Program Scholarships

The scholarship program is designed to provide families and individuals of CUSR the opportunity to get involved in fun, safe, quality programs that they may not be able to afford without assistance. These activities help provide individuals with the ability to improve their physical health, engage with peers of all abilities, grow self-confidence, strengthen their creativity, develop social relationships, strengthen their appreciation for the outdoors, and improve their technical skills and abilities.

Scholarships will either be 75%, 50%, or 25% and the amount awarded will be based on income and family size.

## Satisfaction Guaranteed

CUSR constantly strives to provide participants with high-quality recreation programs, activities, and events. To encourage first-time participation, as well as repeat participation, CUSR has a refund policy highlighted by a satisfaction guarantee. This special refund policy provides us with timely feedback about dissatisfaction regarding our services. If you are not completely satisfied, tell us, and we will either invite you to repeat the class at no charge, allow you a credit that can be applied to another program, or issue you a refund. A refund will be granted if you were dissatisfied with the experience due to circumstances under CUSR's control. If you are not satisfied, we kindly ask you to give us your input or ideas for improvement. Requests for the above mentioned options must be made before the midpoint of the program or within two weeks of a single meeting activity. All refund requests must be submitted on the Satisfaction Refund Request form and turned into CUSR. A \$5 service charge will be deducted from all refunds. Satisfaction Guarantee does not apply to trips and special events with prepaid admissions and tickets.

## Extreme Temperature Policy

Hot temperatures (for outdoor programs) at program time: 100°F actual temperature; heat index of 110°F or more constitutes canceling program due to unsafe conditions.

Cold temperatures (for all programs) at program time: 2°F actual temperature; -30°F or below wind chill constitutes canceling program due to unsafe conditions.

## Participant Expectations

1. Participants need to wear appropriate attire for program participation (i.e. for athletic/fitness programs comfortable clothing and tennis shoes must be worn). If you have questions about the type of attire participants should wear for a particular program, please contact our office.
2. Participants need to have clean, dry clothing.
3. No bowel/bladder problems upon arrival at the transportation location or program. (If this is a concern, extra clean clothing, clean-up supplies and Depend garments (or similar items) must be sent with the participant).
4. Participants need to pay attention to body odor and overall appearance (clean hair, face, teeth, hands, etc.). CUSR staff will also be consistent in stressing personal hygiene while participants are in our programs and will not return participants at the end of a program in an unclean manner.



# CUSR INFORMATION

## CONTINUED

### Discipline

A caring, positive approach will be used regarding discipline. CUSR reserves the right to dismiss participants. Each situation will be evaluated on its own merit.

### Behavior Code

CUSR promotes the concept of “Equal Fun For Everyone” and strives to accomplish this belief through our program goals. However, certain rules are necessary to ensure everyone’s safety and enjoyment.

CUSR participants are expected to exhibit appropriate behavior at all times. The CUSR behavior code states that participants shall show respect to all participants and staff, refrain from using foul language, refrain from causing bodily harm, and show respect to equipment, supplies, and facilities. Additional policies may be developed for specific programs and camps.

### Insurance

Individual accident liability insurance is not provided by CUSR.

### Dishonored Checks

A \$25 service charge will be assessed on all checks returned by the bank for any reason.

### Emergency Contacts

Emergency phone numbers may be used for reasons other than an actual emergency situation. If staff needs to communicate any unforeseen change(s) of plans, transportation schedule adjustments, etc., and neither parent/guardian can be reached, the emergency contact is our only source to call. Please help us reduce any anxiety created with these calls by letting your designated “emergency contact” know that they may be called for other situations. Your assistance is appreciated.

### Atlanto-Axial Subluxation

Individuals with Down Syndrome are at risk of having a condition known as Atlanto-Axial Subluxation. CUSR must have a doctor’s written note on file stating a participant is free of the instability if he/she wishes to participate in programs that may cause undue stress upon the neck. Please take this into consideration when registering and inform staff if the condition is present.

### CUSR Transportation

Our door-to-door routes are limited due to the staff shortages;

### Transportation Policy/Safety Procedures

1. Transportation must be requested at least 48 hours prior to the program date. If transportation is requested with less than 48 hours from program date, there is no guarantee transportation will be available. NO transportation request at the time of the program will be accepted.
2. A minimum of three participants must register for transportation in order for it to run.
3. Transportation is provided from YOUR home back to YOUR home. We will not pick up or drop off at any other sites.
4. CUSR staff will wait a maximum of **5 minutes** past your pickup time due to a demanding van schedule. If you miss your pickup time, we will not return to pick you up. It is your responsibility to find transportation to the program if you miss your pickup time.
5. CUSR transports in-district participants only.
6. Transportation will only be provided for those who sign up and pay for the service at the beginning of the program. We will not provide transportation for anyone mid-season that is not on the transportation roster at the beginning of the program.
7. Persons unable to be in a house alone should have someone meet the van at the designated time of return.
8. If needed, the CUSR driver will assist participants to and from their homes, but driveways and walkways must be clear of debris and obstacles.
9. All passengers must be sitting in seats or wheelchairs with belts securely fastened in the correct manner or the driver will not move the vehicle.
10. CUSR staff is responsible for determining whether or not a participant can be transported safely.
11. Persons riding in Amigo-type wheelchairs or strollers must transfer into a vehicle seat and use a seat belt.

CUSR reserves the right to refuse to transport individuals. These policies have been developed to ensure safety of everyone riding in CUSR vehicles.

# SEPTEMBER

## 2024

**CUSR** CHAMPAIGN-URBANA  
SPECIAL RECREATION  
**QUALITY PROGRAMS FOR INDIVIDUALS  
WITH SPECIAL NEEDS**  
217-819-3980 [cust@champaignparks.org](mailto:cust@champaignparks.org)

SUN	MON	TUE	WED	THU	FRI	SAT
<b>1</b>	<b>2</b> HOLIDAY	<b>3</b> ADULTS' DAY-IN 2 AFTER SCHOOL 5K CLUB 5 CORNER PROGRAM THEATER CLASS	<b>4</b> ADULTS' DAY-IN AFTER SCHOOL CHEF'S CLUB	<b>5</b> ADULTS' DAY-IN 2 AFTER SCHOOL BOCCIE THEATER CLASS	<b>6</b> ADULTS' DAY-IN AFTER SCHOOL DAVE & BUSTERS	<b>7</b>
<b>8</b> FANCY DINERS INTRO TO GOLF	<b>9</b> ADULTS' DAY-IN AFTER SCHOOL 5 CORNER PROGRAM	<b>10</b> ADULTS' DAY-IN 2 AFTER SCHOOL 5K CLUB THEATER CLASS	<b>11</b> ADULTS' DAY-IN AFTER SCHOOL CHEF'S CLUB REC ROOM ZOOM	<b>12</b> ADULTS' DAY-IN 2 AFTER SCHOOL BOCCIE FLASH FREE THEATER CLASS	<b>13</b> ADULTS' DAY-IN AFTER SCHOOL	<b>14</b> GAMEDAY GETAWAY
<b>15</b> INTRO TO GOLF	<b>16</b> ADULTS' DAY-IN AFTER SCHOOL CRAFTS & SNACKS	<b>17</b> ADULTS' DAY-IN 2 AFTER SCHOOL 5K CLUB THEATER CLASS	<b>18</b> ADULTS' DAY-IN AFTER SCHOOL CUSR & PJS REC ROOM ZOOM	<b>19</b> ADULTS' DAY-IN 2 AFTER SCHOOL BOCCIE THEATER CLASS	<b>20</b> ADULTS' DAY-IN AFTER SCHOOL SENSORY PAINTING 5 CORNER PROGRAM OVERNIGHT TRIP	<b>21</b> OVERNIGHT TRIP
<b>24</b> OVERNIGHT TRIP INTRO TO GOLF	<b>23</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	<b>24</b> ADULTS' DAY-IN 2 AFTER SCHOOL 5K CLUB THEATER CLASS	<b>25</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING	<b>26</b> ADULTS' DAY-IN 2 AFTER SCHOOL BOCCIE THEATER CLASS	<b>27</b> ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING	<b>28</b> CITY TOURS
<b>29</b> INTRO TO GOLF	<b>30</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES					

# OCTOBER

## 2024

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217-819-3980 [cusr@champaignparks.org](mailto:cusr@champaignparks.org)

SUN	MON	TUE	WED	THU	FRI	SAT
<b>6</b> INTRO TO GOLF	<b>7</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL	<b>8</b> ADULTS' DAY-IN 2 AFTER SCHOOL 5K CLUB PENS TO LENS THEATER CLASS	<b>9</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING	<b>10</b> ADULTS' DAY-IN 2 AFTER SCHOOL BOCCIE GAMING @ JUPITERS THEATER CLASS	<b>11</b> ADULTS' DAY-IN AFTER SCHOOL BOOK BUZZ CAFE KARAOKE & DANCING	<b>12</b> GAMEDAY GETAWAY
<b>13</b> INTRO TO GOLF MOVIE NIGHTS	<b>14</b> ADULTS' DAY-IN FALL BREAK CAMP STRIKES & SPARES BASKETBALL COZY FLAME BONFIRE	<b>15</b> ADULTS' DAY-IN 2 FALL BREAK CAMP 5K CLUB PENS TO LENS THEATER CLASS	<b>16</b> ADULTS' DAY-IN FALL BREAK CAMP STRIKES & SPARES CHEERLEADING REC ROOM ZOOM	<b>17</b> ADULTS' DAY-IN 2 FALL BREAK CAMP BOCCIE THEATER CLASS	<b>18</b> ADULTS' DAY-IN FALL BREAK CAMP BOOK BUZZ CAFE	<b>19</b> HAUNTED HOUSE
<b>20</b> INTRO TO GOLF HAUNTED HOUSE	<b>21</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL CRAFTS & SNACKS	<b>22</b> ADULTS' DAY-IN 2 AFTER SCHOOL 5K CLUB PENS TO LENS THEATER CLASS	<b>23</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING REC ROOM ZOOM	<b>24</b> ADULTS' DAY-IN 2 AFTER SCHOOL BOCCIE THEATER CLASS	<b>25</b> ADULTS' DAY-IN AFTER SCHOOL SPOOKTACULAR CARNIVAL BOOK BUZZ CAFE	<b>26</b> MYSTERY ON 5TH AVENUE
<b>27</b> INTRO TO GOLF HALLOWEEN PARTY	<b>28</b> ADULTS' DAY-IN AFTER SCHOOL FLASH FREE STRIKES & SPARES BASKETBALL	<b>29</b> ADULTS' DAY-IN 2 AFTER SCHOOL 5K CLUB PENS TO LENS	<b>30</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING 5 CORNER PROGRAM	<b>31</b> ADULTS' DAY-IN 2 AFTER SCHOOL BOCCIE		

# NOVEMBER

2024

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WITH SPECIAL NEEDS  
217-819-3980 [cusr@champaignparks.org](mailto:cusr@champaignparks.org)

SUN	MON	TUE	WED	THU	FRI	SAT
<b>3</b> CUPCAKE 5K MOVIE NIGHTS	<b>4</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL	<b>5</b> ADULTS' DAY-IN 2 AFTER SCHOOL	<b>6</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING CHEF'S CLUB	<b>7</b> ADULTS' DAY-IN 2 AFTER SCHOOL	<b>8</b> ADULTS' DAY-IN AFTER SCHOOL BOOK BUZZ CAFE	<b>9</b> BINGO BONANZA
<b>10</b> FANCY DINERS	<b>11</b> HOLIDAY	<b>12</b> ADULTS' DAY-IN 2 AFTER SCHOOL	<b>13</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING CUSR & PJS	<b>14</b> ADULTS' DAY-IN 2 AFTER SCHOOL	<b>15</b> ADULTS' DAY-IN AFTER SCHOOL BOOK BUZZ CAFE	<b>16</b> GLOW SIP N PAINT
<b>17</b>	<b>18</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL SHOP UNTIL YOU DROP	<b>19</b> ADULTS' DAY-IN 2 AFTER SCHOOL	<b>20</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING REC ROOM ZOOM	<b>21</b> ADULTS' DAY-IN 2 AFTER SCHOOL GAMING @ JUPITER'S	<b>22</b> ADULTS' DAY-IN AFTER SCHOOL BOOK BUZZ CAFE	<b>23</b>
<b>24</b> FRIENDSGIVING	<b>25</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL FLASH FREE	<b>26</b> ADULTS' DAY-IN 2 AFTER SCHOOL	<b>27</b> ADULTS' DAY-IN AFTER SCHOOL 5 CORNER PROGRAM STRIKES & SPARES CHEERLEADING 5 CORNER PROGRAM	<b>28</b> HOLIDAY	<b>29</b> HOLIDAY	<b>30</b>

# DECEMBER

# 2024

**CUSR** CHAMPAIGN-URBANA  
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SUN	MON	TUE	WED	THU	FRI	SAT
1	2 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL 5 CORNER PROGRAM	3 ADULTS' DAY-IN 2 AFTER SCHOOL	4 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING CHEF'S CLUB	5 ADULTS' DAY-IN 2 AFTER SCHOOL	6 ADULTS' DAY-IN AFTER SCHOOL FLASH FREE	7 THE UGLY SWEATER PARTY CITY TOURS
8	9 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL SANTA'S WORKSHOP	10 ADULTS' DAY-IN 2 AFTER SCHOOL	11 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES CHEERLEADING REC ROOM ZOOM	12 ADULTS' DAY-IN 2 AFTER SCHOOL IMPROV CLUB	13 ADULTS' DAY-IN AFTER SCHOOL	14 DSO HOLIDAY PARTY & OPEN HOUSE WINTER WONDERLAND BALL
15	16 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES BASKETBALL SHOP UNTIL YOU DROP	17 ADULTS' DAY-IN 2 AFTER SCHOOL	18 ADULTS' DAY-IN AFTER SCHOOL REC ROOM ZOOM	19 ADULTS' DAY-IN 2 AFTER SCHOOL IMPROV CLUB GAMING AT JUPITER'S	20 ADULTS' DAY-IN AFTER SCHOOL	21 BINGO BONANZA
22 THE UGLY SWEATER HOLIDAY PARTY	23 WINTER BREAK CAMP 5 CORNER PROGRAM BASKETBALL	24 HOLIDAY	25 HOLIDAY	26 WINTER BREAK CAMP	27 WINTER BREAK CAMP	28
29	30 WINTER BREAK CAMP BASKETBALL	31 WINTER BREAK CAMP				

# THANK YOU TO OUR PROGRAM PARTNERS



## Best Buddies

Black Dog Smoke & Ale House

Body N' Sole

Chemical Maintenance Inc.

Community Choices

CU-Able

C-U Autism Network

Developmental Services Center (DSC)

Down Syndrome Network

## Healing Horse Stables

Hudson Pharmacy Group, Inc

The Landing at Legends

P.A.C.E.

Smile Doctors

Special Olympics Illinois

Stephens Family YMCA

Style & Grace Salon

## CUSR Picture Request

Do you have some great pictures of programs or events? Please email them to [cusr@champaignparks.org](mailto:cusr@champaignparks.org) or bring electronic files to CUSR Center.

## Follow us on Facebook

To stay connected to all the happenings, find us on Facebook and see what's going on! [Facebook.com/CUSpecialRec](https://www.facebook.com/CUSpecialRec)

## Program Ideas

Do you want to try out a new food place? Have you wanted to see a play or hear live music at a new venue? We are always looking for new ways to learn, grow, and play! If you have a new idea for a program let us know by calling 217-819-3980 or emailing [cusr@champaignparks.org](mailto:cusr@champaignparks.org).



*When the race is over, let the celebration continue!*

NOV 3



*After*  
**PARTY**  
**@ The Landing**

**10AM-12PM**

4503 Legends Dr, Champaign

★ Breakfast Items ★ Drinks ★ Giveaways



CUSR FALL GUIDE 2024: 150

# VOLUNTEERS

## THE HEART OF THE COMMUNITY

Volunteering with Champaign-Urbana Special Recreation is an awesome way to make a **positive impact** in the community and have fun! You get to help individuals with disabilities engage in recreational activities and create **meaningful experiences**.

Just fill out the Volunteer Application to volunteer with CUSR and help be a part of **something special!**



[champaignparks.org/volunteer](http://champaignparks.org/volunteer)

