



CHAMPAIGN-URBANA SPECIAL RECREATION

PROVIDING
QUALITY PROGRAMS
FOR INDIVIDUALS
WITH SPECIAL
NEEDS



2023

FALL GUIDE



CHAMPAIGN
PARK DISTRICT



URBANA
PARK DISTRICT

CUSR IS A JOINT PROGRAM BETWEEN
CHAMPAIGN & URBANA PARK DISTRICTS

CUSR | CHAMPAIGN-URBANA SPECIAL RECREATION

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. 4, Nov. 10, Nov. 23 & 24,
Dec. 25 & 26

Phone: 217-819-3980

711 Relay

E-Mail: cusr@champaignparks.org

Website: cuspecialrecreation.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



Christina Mott, CPRP

CUSR MANAGER/
INCLUSION COORDINATOR



Amanda Carrington

CUSR RECEPTIONIST



Nikiaya Brandon

ADULT PROGRAM & EVENT
COORDINATOR



Tristan Elzy

YOUTH & TEEN COORDINATOR



Cole Alvis

ATHLETICS & VOLUNTEER
COORDINATOR

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.

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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





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 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 District. 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 District.

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, Champaign-Urbana Special Recreation 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 11th 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 wheel chair are welcome. New this year, participants ages 11-17 pay a youth rate of only \$20! 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 | Program ID |
|----------------|-----|------|------------|
| Runners | 100 | \$35 | 223501-01 |
| Walkers | 100 | \$35 | 223501-02 |
| Rollers | 25 | \$35 | 223501-03 |
| Kids 100m Dash | 15 | \$10 | 223501-04 |
| 5K Youth 11-17 | 100 | \$20 | 223501-05 |

Date: Sunday, November 5

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

Location: Carle at the Fields

Deadline: Mon, October 9 at 5pm to receive a t-shirt
Wed, November 1 (no t-shirt)

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

On-site registration fee: \$40 Adults



DSO 48th 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, or by phone with the form from the website at **217-333-4607**, or email mlgilbrt@illinois.edu.

Date

Saturday, December 9

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) | Program ID |
|------------|--------------------|------------|
| Aug 14-31 | \$154/\$231 | 223502-01 |
| Sept 1-29* | \$260/\$390 | 223502-02 |
| Oct 2-31* | \$260/\$390 | 223502-03 |
| Nov 1-30* | \$247/\$370.50 | 223502-04 |
| Dec 1-21* | \$200/\$300 | 223502-05 |

No Program: 9/4, 9/25, 10/12, 10/13, 11/10, 11/22-11/24, 12/22

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



NUT
FREE

CUSR IS
NUT FREE

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 | Program ID |
|--------|-----------|------------|
| Dec 26 | Tuesday | 223503-01 |
| Dec 27 | Wednesday | 223503-02 |
| Dec 28 | Thursday | 223503-03 |
| Dec 29 | Friday | 223503-04 |

Time: 8am-5pm

Fee(R/NR): \$62/\$93

Min/Max: 6/12

Deadline: December 19

Location: CUSR Center

No Door-to-Door Transportation

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.



YOUTH & TEEN

Therapeutic Horseback Riding

Ages 5+

SCHOLARSHIPS & PAYMENT PLANS AVAILABLE



Dreaming of riding horses and learning how to care for them? At Healing Horse Stables, you will learn riding skills through an hour-long lesson including various exercises and activities from a P.A.T.H. (Professional Association of Therapeutic Horsemanship) certified instructor. You will also have a ground lesson where you will learn how to groom and saddle a horse.

GOALS: Increase in concentration and balance, improved coordination, gross motor skills, improve overall orientation and body awareness, muscle tone, posture, flexibility, increase of knowledge about horses and riding, improved emotion well-being, and forming a connection with a non-judgmental being.

| Date | Day | Program ID |
|--------------|----------|------------|
| Sept 2-Oct 7 | Saturday | 223504-01 |

Time: 10am-12pm

Location: Healing Horse Stables

Fee (R/NR): \$284/\$426

Min/Max: 4/8

Deadline: 1 week prior to program

Transportation: Transportation to and from the stables from the CUSR Center is TBD. Coordinator will reach out with specific details if available.

Otherwise, program will meet at the stables by 9:45am and be picked up at the stables at 12pm.

The stables are at 378 CR 700 E, Pesotum, IL.

No Door-to-Door Transportation

NOTE: Closed-toed gym shoes are required and no high heels. Due to safety concerns, you will not be able to participate in improper footwear. Cowboy boots are welcome! Long pants are highly recommended to protect your legs from the saddle and horse. **Bring a water bottle each week!**

**There is a weight limit of 250 lbs.

YOUTH & TEEN SPECIAL EVENTS

Junior Chefs Club

NEW!

Ages 8-14

Are you a young chef ready to learn new skills? Hop in the kitchen to learn kitchen safety and great cooking skills with our Disney inspired dishes!.

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

| Date | Day | Program ID |
|------------|---------|------------|
| October 10 | Tuesday | 223505-01 |
| November 7 | Tuesday | 223505-02 |

Time: 5-6:30pm

Location: CUSR Center

Fee(R/NR): \$20/\$30

Min/Max: 4/6

Deadline: 1 week prior to program

No Door-to-Door Transportation

Hallowscream Party

NEW!

Ages 5-12

Join us boils and ghouls for a night of fun with spooky dancing, crafts, games and food!

GOALS: Enhance socialization with peers, increase turn-taking skills, and enhance creativity.

| Date | Day | Program ID |
|------------|--------|------------|
| October 27 | Friday | 223506-01 |

Time: 5:45-7pm

Location: CUSR Center

Fee(R/NR): \$45/\$67.50

Min/Max: 6/12

Deadline: 1 week prior to program

No Door-to-Door Transportation



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) | Program ID |
|------------|----------------|------------|
| Sept 1-29* | \$248/\$372 | 223507-01 |
| Oct 2-30 | \$270/\$405 | 223507-02 |
| Nov 1-29* | \$225/\$337.50 | 223507-03 |
| Dec 1-22 | \$203/\$304.50 | 223507-04 |

No Program: Sept 4, Nov 10, Nov 22-24 *

Day: Mondays/Wednesdays/Fridays

Time: 9am-12pm

Location: CUSR Center

Min/Max: 6/10

Deadline: 1 week prior to program

Drop-off Transportation: \$65

Transportation ID: 222518-T1, -T2, -T3, -T4

5 Corner Program **NEW!**

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.

| Activity/Date | Time | Program ID |
|---------------------------|-------------|------------|
| S'MORE SOCIAL | | |
| Fri, Sept 8 | 5:30-6:30pm | 223522-01 |
| HAUNTED SCAVENGER HUNT | | |
| Wed, Oct 18 | 6-7pm | 223522-02 |
| COOKIE DECORATING | | |
| Wed, Oct 25 | 5:30-6:30pm | 223522-03 |
| "KINECT JUST DANCE" NIGHT | | |
| Mon, Nov 6 | 5:30-6:30pm | 223522-04 |
| SPURLOCK MUSEUM | | |
| Thurs, Dec 7 | 3-4pm | 223522-05 |

Location: Meet at CUSR Center

Fee (R/NR): \$5/\$7.50

Min/Max: 4/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

Flash Free Programs **NEW!**

Ages 14+

Free never felt so good! Enjoy some free and creative programs at CUSR.

GOALS: Enhance socialization with peers.

| Activity/Date | Time | Program ID |
|-------------------------------|-------------|------------|
| YOGA BINGO | | |
| Wed, Sept 20 | 5:30-6:30pm | 223537-01 |
| ILLINI GAME | | |
| Oct TBA | 6-8pm | 223537-02 |
| CAPTURE THE FLAG GLOW EDITION | | |
| Wed, Nov 8 | 5:30-6:30pm | 223537-03 |
| PIZZA PARTY | | |
| Tues, Dec 5 | 5:30-6:30pm | 223537-04 |

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

The Screen Team

Ages 16+

Join the Screen Team as we enjoy a monthly movie with friends. Ticket is included in the price.

GOALS: Enhance socialization with peers, increase money management skills.

| Date | Program ID | Transport. ID |
|--------------|------------|---------------|
| September 10 | 223508-01 | 223508-T1 |
| October 1 | 223508-02 | 223508-T2 |
| November 12 | 223508-03 | 223508-T3 |
| December 10 | 223508-04 | 223508-T4 |

Day: Sunday

Time: varies on movie

Location: Meet at CUSR Center

Fee (R/NR): \$14/\$21

Min/Max: 6/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10

Let's D.I.Y. **NEW!**

Ages 14+

It's time to get creative and make cool inventions! Spend the afternoon getting inspired with your friends.

GOALS: Promotes creativity and social skills.

| Date | Program ID |
|--------------|------------|
| September 17 | 223509-01 |
| December 17 | 223509-02 |

Day: Sunday

Time: 2-3pm

Location: CUSR Center

Fee (R/NR): \$13/\$19.50

Min/Max: 4/15

Deadline: 1 week prior to program

ADULTS MONDAY

Crafts & Snacks

Ages 16+

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

GOALS: Embrace and develop inner talents and confidence.

| Date | Activity | Program ID |
|---------|--------------------|------------|
| Sept 25 | Air Dry Clay Craft | 223510-01 |
| Oct 9 | Pumpkin Carving | 223510-02 |
| Nov 13 | Pillow Making | 223510-03 |
| Dec 11 | Shirt Design | 223510-04 |

Day: Monday

Time: 5:30-6:30pm

Location: CUSR Center

Fee (R/NR): \$14/\$21

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

Shop Until You Drop **NEW!**

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 | Program ID |
|--------|-----------------------------------|------------|
| Oct 23 | Goodwill (Home Décor/Clothing) | 223511-01 |
| Nov 20 | Wal-Mart (Groceries) | 223511-02 |
| Dec 18 | Dollar Tree (Gifts) | 223511-03 |

Day: Monday

Time: 5-6:30pm

Location: Meet at CUSR Center

Fee (R/NR): \$14/\$21

Min/Max: 4/10

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

Transportation ID: 223511-T1, -T2, -T3



ADULTS TUESDAY

Theatre 101

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 *Wizard of OZ* cabaret-style show

Note: Tickets for participants to give to family and friends will be given at the next to last practice. Max 8 tickets per participant.

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

| Date | Program ID |
|---------------|------------|
| Sept 5-Oct 28 | 223512-01 |

Day: Tuesday/Thursday

Time: : 6-7:30pm

Performance: Saturday Oct 28

Location: CUSR Center

Fee(R/NR): \$108/\$162

Min/Max: 8/20

Deadline: 1 week prior to program

No Door-to-Door Transportation

Graphic Tee Club **NEW!**

Ages 16+

If you have ever wanted to be a fashion designer, this is your chance! Spend the next 4 weeks making cool, one-of-a-kind shirts that are fun and unique.

GOALS: *Gain creativity and motor skills.*

| Date | Program ID |
|-----------|------------|
| Nov 7- 28 | 223514-01 |

Day: Tuesday

Time: 5:30-7pm

Location: CUSR Center

Fee(R/NR): \$77/\$115.50

Min/Max: 6/10

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS WEDNESDAY

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 | Program ID |
|--------|---------------|------------|
| Sept 6 | Pizza | 223513-01 |
| Oct 4 | Fancy Burgers | 223513-02 |
| Nov 8 | Friendsgiving | 223513-03 |
| Dec 6 | Pasta | 223513-04 |

Day: Wednesday

Time: 6-8pm

Location: Phillips Recreation Center

Fee(R/NR): \$41/\$61.50

Min/Max: 6/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10

Transportation ID: 223513-T1, -T2, -T3, -T4

CUSR and PJs **NEW!**

Ages 14+

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

GOALS: *Embrace and develop social engagement.*

| Date | Program ID |
|--------------|------------|
| September 13 | 223515-01 |
| December 13 | 223515-02 |

Day: Wednesday

Time: 5:30-7:30pm

Location: CUSR Center

Fee(R/NR): \$18/\$27

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS THURSDAY

Gaming at Jupiters **NEW!**

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 | Program ID | Transport. ID |
|-------------|------------|---------------|
| November 16 | 223516-01 | 223516-T1 |
| November 30 | 223516-02 | 223516-T2 |
| December 21 | 223516-03 | 223516-T3 |
| December 28 | 223516-04 | 223516-T4 |

Day: Thursday

Time: 6-8pm

Location: Meet at CUSR

Fee(R/NR): \$33/\$49.50

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



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 | Program ID |
|-------------|------------|
| September 1 | 223517-01 |
| October 6 | 223517-02 |

Day: Friday

Time: 5:30-7:30pm

Location: CUSR Center

Fee(R/NR): \$14/\$21

Min/Max: 4/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

Book Worms

Ages 16+

What makes a great book even better? Enjoying it with friends! CUSR is starting an 8-week book club! This season we'll read *The Tale of Despereaux* and *Because of Winne Dixie* by Kate DiCamillo. Participants get to keep book club books.

GOALS: Increase reading and social skills.

| Date | Program ID |
|---------------|------------|
| Nov 3-Dec 22* | 223518-01 |

No Program: Nov 10 & 24*

Day: Friday

Time: 6-7:30pm

Location: CUSR Center

Fee(R/NR): \$60/\$90

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation



ADULTS SATURDAY

Photography Club

NEW!

Ages 14+

Capture scenic memories and learn photography skills! We will spend the next four weeks building photography portfolios by visiting scenic areas and using backdrops.

GOALS: Learn how to utilize a camera and photography settings.

| Date | Program ID |
|----------------|------------|
| September 9-30 | 223519-01 |

Day: Saturday

Time: 2-3:30pm

Location: CUSR

Fee(R/NR): \$82/\$123

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

Improv-ish

NEW!

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 | Program ID |
|--------|------------|
| Nov 18 | 223520-01 |
| Dec 16 | 223520-02 |

Day: Saturday

Time: 2-4:30pm

Location: CUSR

Fee(R/NR): \$12/\$24

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 day filled with food and fun. Meals and activities are included in the fee.

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

| Date | Location | Program ID |
|--------|--|------------|
| Sept 1 | Hickory River and Brainstorm Escape | 223521-01 |
| Oct 7 | Olive Garden and Curtis Orchard | 223521-02 |

Day: Saturday

Time: 2-6pm

Location: Meet at CUSR for drop off and pick up

Fee(R/NR): \$81/\$120.50

Min/Max: 4/10

Deadline: 1 week prior to program

No Door-to-Door Transportation



OVERNIGHT TRIPS



St. Louis Overnight Trip

Ages 21+

Take in all that St. Louis has to offer on this adventure! Vacation at a cool themed AIR BNB. Hang out at Union station, St. Louis Aquarium, Six Flags and much more! Program fee includes lodging, meals, and admission. Please bring extra money for souvenirs and snacks

GOALS: Enhance socialization with peers.

Date Sept 29-Oct 1 **Program ID** 223523-01

Day: Friday-Sunday

Time: Depart Friday at 9:30am; return Sunday at 5:45pm

Location: Depart from and return to CUSR Center

Fee(R/NR): \$916

Min/Max: 6/8

Deadline: Sept 1

No Door-to-Door Transportation

Hawaii Aulani Resort Overnight Trip

Ages 21+

Fly with us on a Hawaiian dream vacation at the Aulani Resort. Fee includes lodging, flight, meals, and admission to excursions. Please bring extra money for souvenirs and snacks.

GOALS: Enhance socialization with peers.

Date April 25-28 **Program ID** 223524-01

Day: Thursday-Sunday

Time: TBA

Location: Depart from and return to CUSR Center

Fee(R/NR): \$3918

Min/Max: 6/8

Deadline: 2 months prior to program

No Door-to-Door Transportation



SEPT & OCT

SPECIAL EVENTS

Beef and Boards - *Grumpy Old Men*

NEW!

Ages 18+

Let's hit the road to Indianapolis and enjoy a cool experience at Beef and Boards Dinner Theater! We will enjoy the comedy *Grumpy Old Men* and a nice buffet.

GOALS: *Enhance socialization skills with peers.*

| Date | Program ID |
|---------|------------|
| Sept 16 | 223525-01 |

Time: 10am-5pm

Day: Saturday

Location: Meet at CUSR Center

Fee (R/NR): \$100/\$150

Min/Max: 6/10

Deadline: 1 month prior to program

No Door-to-Door Transportation

Dave & Buster's Trip

Ages 20+

If you love great food and games this will be a great Trip for you. Join us 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: Meal and game chips included in fee. Bring money for additional game chips if desired.

GOALS: *Enhance socialization skills with peers.*

| Date | Program ID | Transportation ID |
|---------|------------|-------------------|
| Sept 23 | 223526-01 | 223526-T1 |

Time: 10am-5:30pm

Day: Saturday

Location: Meet at CUSR Center

Fee (R/NR): \$120/\$180

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 & have a costume contest, so wear your best costume! Treats will be provided.

GOALS: *Enhance socialization skills with peers.*

| Date | Program ID | Transportation ID |
|--------|------------|-------------------|
| Oct 29 | 223527-01 | 223527-T1 |

Day: Sunday

Time: 6-8pm

Location: CUSR Center

Fee(R/NR): \$33/\$49.50

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)

NOV & DEC

SPECIAL EVENTS

A Day In Indy!

Ages 20+

It's time for a Daycation! Let's hop on the road to enjoy what Indianapolis has to offer. Our day will begin with fun at the Indianapolis Children's Museum and end at the Sugar Factory. Meal and museum fare are included in the fee. Please bring money for souvenirs. Depart and return at CUSR Center.

GOALS: *Enhance socialization skills with peers.*

| Date | Program ID | Transportation ID |
|--------|------------|-------------------|
| Nov 18 | 223528-01 | 223528-T1 |

Day: Saturday

Time: 10am-8:30pm

Location: CUSR Center

Fee(R/NR): \$140/\$210

Min/Max: 6/10

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

The Ugly Sweater Party

Ages 16+

Get into the holiday spirit! Join us as we make wacky and festive sweaters 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 | Program ID | Transportation ID |
|-------|------------|-------------------|
| Dec 9 | 223529-01 | 223529-T1 |

Day: Saturday

Time: 2-5:30pm

Location: CUSR Center

Fee(R/NR): \$30/\$45

Min/Max: 7/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



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 | Program ID | Transportation ID |
|--------|------------|-------------------|
| Dec 16 | 223530-01 | 223530-T1 |

Day: Saturday

Time: 6-8pm

Location: CUSR Center

Fee(R/NR): \$55/\$82.50

Min/Max: 8/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



ATHLETICS

Golf Skills **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 | Program ID |
|--------------|--------|------------|
| Sep 3-Oct 22 | Sunday | 223531-01 |

Time: 11am-12pm

Location: TBD

Fee(R/NR): \$130/\$195

Min/Max: 4/8

Deadline: 1 week before program

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 | Program ID |
|----------|----------|------------|
| Sep 7-28 | Thursday | 223532-01 |
| Oct 5-26 | Thursday | 223532-02 |

Time: 4-5pm

Location: CUSR Center

Fee(R/NR): \$38/\$57

Min/Max: 4/8

Deadline: 1 week before program

Home-Only Transportation: \$65

Transportation ID: 223532-T1, -T2



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 | Program ID |
|---------------|-----------|------------|
| Sep 25-Oct 16 | Monday | 223533-01 |
| Oct 23-Nov 13 | Monday | 223533-02 |
| Nov 20-Dec 11 | Monday | 223533-03 |
| Sep 27-Oct 18 | Wednesday | 223533-04 |
| Oct 25-Nov 15 | Wednesday | 223533-05 |
| Nov 22-Dec 13 | Wednesday | 223533-06 |

Time: 4-5pm

Location: Old Orchard Lanes and Links

Fee(R/NR): \$57/\$85.50

Min/Max: 4/16

Deadline: 1 week before program

Home-Only Transportation: \$65

Transportation ID: 223533-T1 for Monday Bowlers Sep 25-Dec 11; 223533-T2 for Wednesday Bowlers Sep 27-Dec 13



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

SPECIAL OLYMPICS

Mustang Flag Football

NEW!

Ages 14+

Athletes will learn the rules of Special Olympics Flag Football, as well as offensive and defensive formations and plays. Participants will improve agility, running, catching, and throwing skills. Competitions against area teams will depend on the availability of local teams. We will compete in the Special Olympics competitions as long as we have enough athletes on the roster.

In order to participate you must have a valid Special Olympics Medical Application on file with CUSR by August 29; Medical applications must be valid through November 10.

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

| Date | Day | Program ID |
|-----------------|---------|------------|
| August 29-Nov 7 | Tuesday | 223534-01 |

Time: 5:30-6:30pm

Location: CUSR Center

Fee(R/NR): \$93/\$139.50

Min/Max: 7/12

Deadline: August 22

No Door-to-Door Transportation

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 want to do skills rather than compete on the co-ed team, we will try and make this an option.

It is our intent to compete against other area teams. Doing so will be dependent upon Covid-19 restrictions and transportation availability.

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

| Date | Day | Program ID |
|--------------|--------|------------|
| Oct 2-Dec 18 | Monday | 223535-01 |

Time: 6-7:30pm

Location: CUSR Center

Fee(R/NR): \$77/115.50

Min/Max: 6/13

Deadline: September 26

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 | Program ID |
|---------------|-----------|------------|
| Sept 20-Dec 6 | Wednesday | 223536-01 |

Time: 5:30-6:30pm

Location: CUSR Center

Fee(R/NR): \$105/\$157.50

Min/Max: 6/12

Deadline: September 14

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 24 | Volleyball Districts |
| TBD | Bowling Sectionals |
| OCTOBER 21-22 | Fall Games |
| DECEMBER 2 | 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 cusespecialrecreation.org
OFFICE Voice: 217-819-3980 • Relay: 711 • Fax: 217-819-3990

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)

**Special
Olympics**
Illinois



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:

☐ Asian

☐ American Indian/Alaskan Native

☐ Black/African American

☐ Hispanic/Latino

☐ Native Hawaiian/Other Pacific Islander

☐ White

☐ Two or More Races

☐ Other

☐ 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)

**Special
Olympics**
Illinois



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 ☐ No ☐ Yes ☐ Treated in past 12 months
Heart Attack ☐ No ☐ Yes ☐ Treated in past 12 months
High Blood Pressure ☐ No ☐ Yes ☐ Treated in past 12 months
Cardiomyopathy ☐ No ☐ Yes ☐ Treated in past 12 months
Pacemaker ☐ No ☐ Yes ☐ Treated in past 12 months
Heart Valve Disease ☐ No ☐ Yes ☐ Treated in past 12 months

Heart Murmur ☐ No ☐ Yes ☐ Treated in past 12 months
Heart Illness ☐ No ☐ Yes ☐ Treated in past 12 months
Chest pain during or after exercise ☐ No ☐ Yes ☐ Treated in past 12 months
Ever had abnormal EKG ☐ No ☐ Yes ☐ Treated in past 12 months
Ever had abnormal Echo ☐ No ☐ Yes ☐ Treated in past 12 months
Other: _____ ☐ No ☐ Yes ☐ 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
☐ Vision Impaired

☐ Deaf
☐ Hearing Impaired

☐ Glasses or Contacts
☐ 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

Anxiety (diagnosed) ☐ No ☐ Yes

Depression (diagnosed) ☐ No ☐ Yes

Aggressive behavior during the past year ☐ No ☐ Yes

Describe any additional mental health concerns: _____

OTHER MEDICAL CONDITIONS (check all that apply)

Stroke/TIA ☐ No ☐ Yes ☐ Treated in past 12 months
Diabetes ☐ No ☐ Yes ☐ Treated in past 12 months
Heat Exhaustion ☐ No ☐ Yes ☐ Treated in past 12 months
Heat Stroke ☐ No ☐ Yes ☐ Treated in past 12 months
Colostomy ☐ No ☐ Yes ☐ Treated in past 12 months
G-Tube or J-Tube ☐ No ☐ Yes ☐ Treated in past 12 months
Epilepsy ☐ No ☐ Yes ☐ Treated in past 12 months

Arthritis ☐ No ☐ Yes ☐ Treated in past 12 months
Dislocated Joints ☐ No ☐ Yes ☐ Treated in past 12 months
Syncope ☐ No ☐ Yes ☐ Treated in past 12 months
Hepatitis ☐ No ☐ Yes ☐ Treated in past 12 months
Sickle Cell Trait/Disease ☐ No ☐ Yes ☐ Treated in past 12 months
Seizure Disorder ☐ No ☐ Yes ☐ Treated in past 12 months
Other: _____ ☐ No ☐ Yes ☐ 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 ☐ No ☐ Yes
Numbness or tingling in legs, arms, hands or feet ☐ No ☐ Yes
Weakness in legs, arms, hands or feet ☐ No ☐ Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet ☐ No ☐ Yes
Head Tilt ☐ No ☐ Yes
Spasticity ☐ No ☐ Yes
Paralysis ☐ No ☐ Yes

If yes, is this new or worse in the past 3 years? ☐ No ☐ Yes
If yes, is this new or worse in the past 3 years? ☐ No ☐ Yes
If yes, is this new or worse in the past 3 years? ☐ No ☐ Yes
If yes, is this new or worse in the past 3 years? ☐ No ☐ Yes
If yes, is this new or worse in the past 3 years? ☐ No ☐ Yes
If yes, is this new or worse in the past 3 years? ☐ No ☐ Yes
If yes, is this new or worse in the past 3 years? ☐ No ☐ 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 ₂ 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 ₂ 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: _____ | | |

| | |
|--|------------|
| Signature of Licensed Medical Examiner | 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 ☐ O₂ 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

Because some residents are unable to participate in recreation programs due to economic hardship, 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. Scholarships are not available for transportation and specifically identified programs. For more information, call 217-819-3980 . **Payment plans available to all. ALL monies owed must be paid prior to next season registration accepted.**

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 Downs 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 2023

CUSR  **CHAMPAIGN-URBANA
SPECIAL RECREATION**
QUALITY PROGRAMS FOR INDIVIDUALS
WITH SPECIAL NEEDS
217-819-3980 cusr@champaignparks.org

| SUN | MON | TUE | WED | THU | FRI | SAT |
|--------------------------------------|---|---|---|--|--|---|
| | | | | | 1 ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING | 2 THERAPEUTIC HORSEBACK RIDING CITY TOURS |
| 3 THE SCREEN TEAM GOLF SKILLS | 4 | 5 AFTER SCHOOL THEATRE 101 MUSTANG FLAG FOOTBALL | 6 ADULTS' DAY-IN AFTER SCHOOL CHEF'S CLUB | 7 AFTER SCHOOL BOCCE THEATRE 101 | 8 ADULTS' DAY-IN AFTER SCHOOL S'MORE SOCIAL | 9 THERAPEUTIC HORSEBACK RIDING THEATRE 101 PHOTOGRAPHY CLUB |
| 10 THE SCREEN TEAM GOLF SKILLS | 11 ADULTS' DAY-IN AFTER SCHOOL JEOPARDY NIGHT | 12 AFTER SCHOOL THEATRE 101 MUSTANG FLAG FOOTBALL | 13 ADULTS' DAY-IN AFTER SCHOOL CUSR & PJS | 14 AFTER SCHOOL CHILLIN' AT CUSR BOCCE THEATRE 101 | 15 ADULTS' DAY-IN AFTER SCHOOL | 16 THERAPEUTIC HORSEBACK RIDING THEATRE 101 PHOTOGRAPHY CLUB BEEF & BOARDS |
| 17 LET'S D.I.Y. GOLF SKILLS | 18 ADULTS' DAY-IN AFTER SCHOOL | 19 AFTER SCHOOL THEATRE 101 MUSTANG FLAG FOOTBALL | 20 ADULTS' DAY-IN AFTER SCHOOL MUSTANG CHEERLEADING YOGA BINGO | 21 AFTER SCHOOL BOCCE THEATRE 101 | 22 ADULTS' DAY-IN AFTER SCHOOL | 23 THERAPEUTIC HORSEBACK RIDING THEATRE 101 PHOTOGRAPHY CLUB DAVE & BUSTER'S |
| 24 GOLF SKILLS | 25 ADULTS' DAY-IN STRIKES & SPARES CRAFTS & SNACKS | 26 AFTER SCHOOL THEATRE 101 MUSTANG FLAG FOOTBALL | 27 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING | 28 AFTER SCHOOL BOCCE THEATRE 101 | 29 ADULTS' DAY-IN AFTER SCHOOL ST. LOUIS OVERNIGHT | 30 THERAPEUTIC HORSEBACK RIDING PHOTOGRAPHY CLUB |

OCTOBER

2023

CUSR  CHAMPAIGN-URBANA
SPECIAL RECREATIONQUALITY PROGRAMS FOR INDIVIDUALS
WITH SPECIAL NEEDS217-819-3980 cusr@champaignparks.org

| SUN | MON | TUE | WED | THU | FRI | SAT |
|---|---|--|--|--|---|--------------------------------|
| 1 THE SCREEN TEAM GOLF SKILLS | 2 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL | 3 AFTER SCHOOL THEATRE 101 MUSTANG FLAG FOOTBALL | 4 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING CHEF'S CLUB | 5 AFTER SCHOOL BOCCETHEATRE 101 | 6 ADULTS' DAY-IN AFTER SCHOOL CHILLIN' AT CUSR KARAOKE & DANCING | 7 THERAPEUTIC CITY TOURS |
| 8 GOLF SKILLS | 9 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL CRAFTS & SNACKS | 10 AFTER SCHOOL THEATRE 101 JR CHEFS CLUB MUSTANG FLAG FOOTBALL | 11 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING | 12 BOCCE THEATRE 101 | 13 ADULTS' DAY-IN TEEN NIGHT AT CUSR BINGO: FAMILY | 14 |
| 15 GOLF SKILLS | 16 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL | 17 AFTER SCHOOL THEATRE 101 MUSTANG FLAG FOOTBALL | 18 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING HAUNTED SCAVENGER HUNT | 19 AFTER SCHOOL BOCCE THEATRE 101 | 20 ADULTS' DAY-IN AFTER SCHOOL HALLOWEEN PARTY | 21 |
| 22 GOLF SKILLS | 23 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL SHOP UNTIL YOU DROP | 24 AFTER SCHOOL THEATRE 101 MUSTANG FLAG FOOTBALL | 25 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING COOKIE DECORATING | 26 AFTER SCHOOL BOCCE THEATRE 101 | 27 ADULTS' DAY-IN AFTER SCHOOL HALLOWSCREAM PARTY | 28 THEATRE 101 |
| 29 THEATRE 101 HALLOWEEN PARTY | 30 | 31 AFTER SCHOOL MUSTANG FLAG FOOTBALL | | | | |

NOVEMBER

2023



CHAMPAIGN-URBANA
SPECIAL RECREATION

QUALITY PROGRAMS FOR INDIVIDUALS
WITH SPECIAL NEEDS

217-819-3980 cusr@champaignparks.org

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------|--|--|---|--|---|-----------------------------------|
| | | | 1 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING | 2 AFTER SCHOOL | 3 ADULTS' DAY-IN AFTER SCHOOL BOOKWORMS | 4 DANCE SENSATION |
| 5 CUPCAKE 5K | 6 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL KINECT JUST DANCE | 7 AFTER SCHOOL GRAPHIC TEE CLUB MUSTANG FLAG FOOTBALL | 8 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING CHEF'S CLUB CAPTURE THE FLAG | 9 AFTER SCHOOL | 10 | 11 |
| 12 THE SCREEN TEAM | 13 ADULTS' DAY-IN AFTER SCHOOL CRAFTS & SNACKS STRIKES & SPARES MUSTANG BASKETBALL | 14 AFTER SCHOOL GRAPHIC TEE CLUB | 15 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING | 16 AFTER SCHOOL GAMING AT JUPITER'S | 17 ADULTS' DAY-IN AFTER SCHOOL BOOKWORMS | 18 A DAY IN INDY IMPROV-ISH |
| 19 A DAY IN INDY! | 20 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL SHOP UNTIL YOU DROP | 21 AFTER SCHOOL GRAPHIC TEE CLUB | 22 STRIKES & SPARES MUSTANG CHEERLEADING | 23 | 24 | 25 |
| 26 | 27 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL | 28 AFTER SCHOOL GRAPHIC TEE CLUB | 29 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING | 30 AFTER SCHOOL GAMING AT JUPITER'S | | |

DECEMBER

2023



**CHAMPAIGN-URBANA
SPECIAL RECREATION**

QUALITY PROGRAMS FOR INDIVIDUALS
WITH SPECIAL NEEDS

217-819-3980 cusr@champaignparks.org

| SUN | MON | TUE | WED | THU | FRI | SAT |
|--------------------------------|--|--|---|---|--|---|
| | | | | | 1 ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING BOOKWORMS | 2 |
| 3 THE UGLY SWEATER PARTY | 4 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG BASKETBALL | 5 AFTER SCHOOL BOOK WORMS PIZZA PARTY | 6 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG CHEERLEADING CHEF'S CLUB | 7 AFTER SCHOOL CHILLIN' AT CUSR PERCUSSION CLUB SPURLOCK MUSEUM | 8 ADULTS' DAY-IN AFTER SCHOOL BOOKWORMS | 9 THE UGLY SWEATER PARTY DSO HOLIDAY PARTY & OPEN HOUSE |
| 10 THE SCREEN TEAM | 11 ADULTS' DAY-IN AFTER SCHOOL CRAFTS & SNACKS STRIKES & SPARES MUSTANG BASKETBALL | 12 AFTER SCHOOL | 13 ADULTS' DAY-IN AFTER SCHOOL OPEN MIC NIGHT STRIKES & SPARES CUSR & PJS | 14 AFTER SCHOOL PERCUSSION CLUB | 15 ADULTS' DAY-IN AFTER SCHOOL BOOKWORMS | 16 WINTER WONDERLAND BALL IMPROV-ISH |
| 17 LET'S D.I.Y. | 18 ADULTS' DAY-IN AFTER SCHOOL SHOP UNTIL YOU DROP MUSTANG BASKETBALL | 19 AFTER SCHOOL | 20 ADULTS' DAY-IN AFTER SCHOOL | 21 AFTER SCHOOL GAMING AT JUPITER'S | 22 ADULTS' DAY-IN BOOKWORMS | 23 |
| 24 | 25 | 26 WINTER BREAK CAMP | 27 WINTER BREAK CAMP | 28 WINTER BREAK CAMP GAMING AT JUPITER'S | 29 WINTER BREAK CAMP | 30 |
| 31 | | | | | | |

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

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 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.





Champaign-Urbana Special Recreation

CUSR CENTER

2212 Sangamon Dr, Champaign, IL 61821

www.cuspecialrecreation.org
cusr@champaignparks.org

CUSR FALL GUIDE 2023: 150

TIME TO GET YOUR CUSR

APPAREL & GEAR

**T-SHIRTS, SWEATSHIRTS, POLOS,
BAGS, COOLERS, AND MORE!**

PLEASE VIEW ALL CUSR APPAREL & GEAR AT
www.cuspecialrecreation.org

To place an order, please complete the order form and return it to CUSR Center. **All payments must be made at the time of the order by cash or check.** Check payments can be made out to "CUSR". CUSR will place all orders on the last Friday of each month and will notify buyers when their items are ready to be picked up from **CUSR Center, 2212 Sangamon Dr, Champaign, IL.**



Questions? **Please contact CUSR at 217-819-3980**
or **CUSR@champaignparks.org**

CUSR 
Champaign-Urbana Special Recreation