

CUSR

CHAMPAIGN-URBANA SPECIAL RECREATION

PROVIDING
QUALITY PROGRAMS
FOR INDIVIDUALS
WITH SPECIAL
NEEDS



2024

WINTER | SPRING GUIDE



CHAMPAIGN
PARK DISTRICT



URBANA
PARK DISTRICT

CUSR IS A JOINT PROGRAM BETWEEN
CHAMPAIGN & URBANA PARK DISTRICTS

OUR MISSION

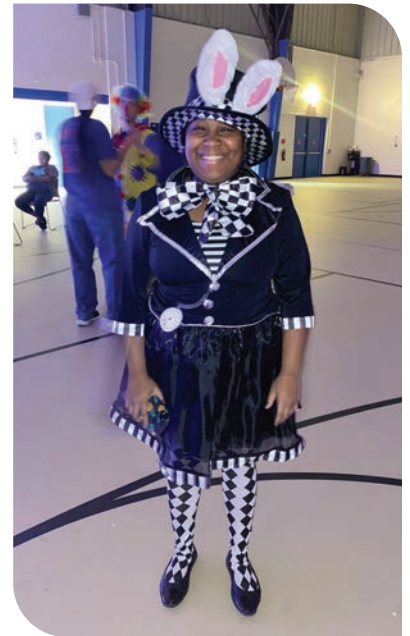
To provide quality recreational programs and services for Champaign-Urbana residents with disabilities.

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:

Jan 1, Jan 15, May 27

Phone: 217-819-3980

Relay: 711

E-Mail: cusr@champaignparks.org

Website: cuspacialrecreation.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/
INCLUSION COORDINATOR



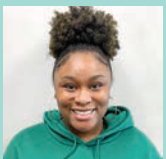
Amanda Carrington

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

Prairie Farm

2202 W Kirby Ave.

HOMER

Healing Horse Stables

2455 CR1050 N

SAVOY

Old Orchard Lanes & Links

901 N Dunlap Ave

URBANA

Urbana Indoor Aquatic Center

102 E Michigan



WINTER & SPRING

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.

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.

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.

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 have been temporarily reduced 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!

YOUTH & TEEN

CUSR After School Program

Ages 5-22

Fill your afternoon with games, sports, arts and crafts, cooking, field trips, and hanging out with friends! We will offer an amazing, as well as safe, atmosphere where we will laugh, play, grow, and learn new skills. Each child should bring a snack with them each day. Please no peanuts/nut products.

To reserve your spot, you may pay a \$10 non-refundable deposit per child, per month. The remaining balance will be due on the dates listed below by 5p. Participant will be dropped at this time and space offered to waiting list participants.

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

Month	Monthly Fee (R/NR)	Program ID
Jan 10-31*	\$190/\$285	424501-01
Feb 1-29	\$253/\$379.50	424501-02
March 1-29*	\$165/\$247.50	424501-03
April 1-30*	\$265/\$379.50	424501-04
May 1-28	\$253/\$379.50	424501-05

No Program: Jan 15, Feb 19, Mar 7-8, Mar 11-15, Mar 29, Apr 10, May 27*

Days: Monday - Friday. CUSR follows Unit 4 calendar. Program always starts at 2:30pm including early dismissal days. Please plan accordingly. Time: 2:30-5:30pm

Location: CUSR Center

Min/Max: 4/19

Deadline: One week prior to month starting

No Door-to-Door Transportation



CUSR Spring Break

Ages 5-22

Are you looking for something fun and exciting to do over Spring Break? This program has just what you need! We will be filling our days with crafts, cooking, group games, and so much more! Please bring a sack lunch each day. Please note that CUSR is a nut free camp.

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

Day/Date	Program ID
Monday, March 11	424502-01
Tuesday, March 12	424502-02
Wednesday, March 13	424502-03
Thursday, March 14	424502-04
Friday, March 15	424502-05

Time: 8am-5pm

Location: CUSR Center

Fee (R/NR): \$58/\$87

Min/Max: 4/12

Deadline: March 6

No Door-to-Door Transportation



YOUTH & TEEN

Let's Get Crafty

NEW!

Ages 5-15

Painted fingers, crafty minds;
come and join us for a good time.

GOALS: *Enhance socialization with peers and increase independence and decision-making skills.*

Date	Program ID
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January 18	424536-01
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February 22	424536-02
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Day: Thursday

Time: 5:30-7:30pm

Location: CUSR Center

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

Min/Max: 4/6

Deadline: 1 week prior to program

CUSR Drop-in

NEW!

Ages 5-18

Saturdays are a day to sit back, relax, and have fun. Join us at CUSR Drop-in where participants can enjoy the day with friends!

GOALS: *Enhance socialization with peers*

Date	Program ID
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January 20 - February 10	424537-01
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Day: Saturday

Time: 12-4pm

Location: CUSR Center

Fee (R/NR): \$88/\$132

Min/Max: 6/10

Deadline: 1 week prior to program



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



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

Therapeutic Horseback Riding

Ages 5+

*Weight limit of 250 lbs.

Healing Horse Stables



Therapeutic Riding

**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
March 23-April 27	Saturday	424503-01

Time: 10am-12pm

Location: Healing Horse Stables,
2455 CR 1050 N, Homer, IL

Fee (R/NR): \$286/\$492

Min/Max: 4/8

Deadline: March 15

Transportation: No Transportation will be offered for this program. Please meet and pick-up at the stables.

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!**

YOUTH & TEEN

Disney Sing-Along Night

NEW!

Ages 8-15

Join us for karaoke, as we sing your favorite Disney tunes!

GOALS: Enhance socialization with peers

Date Program ID

March 4 424534-01

March 18 424534-02

Day: Monday

Time: 5:30-7:15pm

Location: CUSR Center

Fee (R/NR): \$39/\$58.50

Min/Max: 4/6

Deadline: 1 week prior to program



Game Night

NEW!

Ages 7-15

It's all fun and games at CUSR! Come play board games and video games with friends!

GOALS: Enhance socialization with peers and increase independence and decision-making skills.

Date Program ID

April 9 424535-01

April 23 424535-02

Day: Tuesday

Time: 5:30-7:30pm

Location: CUSR Center

Fee (R/NR): \$7/\$10.50

Min/Max: 6/10

Deadline: 1 week prior to program

YOUTH & TEEN SPECIAL EVENT

Sensory Egg Hunt

FREE!

Ages 2-10

The hunt is on! CUSR invites you to celebrate spring and enjoy some family fun at Prairie Farm! Hunters should bring a basket and be prepared to search high and low for colorful eggs. Be prepared to explore your senses while searching for special eggs with lights, sounds, and textures. Pre-registration is required.

GOALS: Enhance socialization with peers and increase independence and decision-making skills.

Date Time Program ID

March 30 1-3:15pm 424504-01

Day: Saturday

Location: Prairie Farm

Fee (R/NR): Free!

Min/Max: 6/50

Deadline: March 18



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)	Program ID
Jan 3-31*	\$225/\$372	424505-01
Feb 2-28	\$270/\$405	424505-02
Mar 1-29*	\$203/\$337.50	424505-03
Apr 1-29	\$270/\$405	424505-04

No Program: Jan 15, March 11-15*

Day: Mondays/Wednesdays/Fridays

Time: 9am-12pm

Location: CUSR Center

Min/Max: 6/10

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$65

Transportation ID: 423507-T1, T2, T3, T4

Adults' Day-In 2

NEW!

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)	Program ID
Jan 2-30	\$90/\$135	424531-01
Feb 1-29	\$90/\$135	424531-02
March 5-28*	\$60/\$90	424531-03
April 2-30	\$90/\$135	424531-04

No Program: March 12 & 14*

Day: Tuesdays/Thursdays

Time: 9am-12pm

Location: CUSR Center

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

Min/Max: 4/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10 per week

Transportation ID: 424531-T1, T2, T3, T4

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.

Activity	Date	Day	Time	Program ID
Hot Cocoa and Holiday Movie	January 8	Monday	5:30-6:30pm	424532-01
V-Day Card Making	February 5	Monday	6-7pm	424532-02
St Patty Scavenger Hunt	March 5	Tuesday	5:30-6:30pm	424532-03
Egg Dye Party	March 25	Monday	5:30-6:30pm	424532-04
Gym Mini Golf	April 25	Thursday	5:30-6:30pm	424532-05

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

ADULTS SUNDAY

Social Sundays

NEW!

Ages 14+

Come hangout, enjoy food and interact with others while playing group bonding games.

GOALS: Promotes healthy relationships, socialization.

Date	Theme	Program ID
February 4	Pizza	424506-01
March 10	Nacho Bar	424506-02
April 7	Ice Cream	424506-03

Day: Sunday

Time: 6-8pm

Location: CUSR Center

Fee(R/NR): \$23/\$34.50

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS MONDAY

Games of Theory

Ages 14+

Join us as we play some of the fan-favorite board games. Learn new tactics or even participate in a game you never played before.

GOALS: Promotes healthy relationships, socialization, and critical thinking.

Date	Game	Program ID
January 22	Clue	424507-01
February 26	Monopoly	424507-02
March 11	Life	424507-03

Day: Monday

Time: 5:45-7:45pm

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS TUESDAY



MUSICAL THEATER: It Started with a Glass Slipper

Ages 18+

Calling all singers, dancers, and actors of all theater experience levels! This course is perfect for you! Actors will learn theater basics, songs and dances, rehearse their roles, and much more! At the end of this 8-week course, all actors will perform in a show with song selections from "The Cinderella Musical".

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: Increase socialization with peers, increase knowledge of theater and film, and theatrical skills.

Date	Program ID
Feb 6-April 4*	424508-01

No Program: March 12 & 13*

Day: Tuesday/Thursday

Time: 6-8pm

Performance: April 6, call time 1pm

Location: CUSR Center

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

Min/Max: 10/20

Deadline: 1 week prior to program

No Door-to-Door Transportation



ADULTS WEDNESDAY



Checkers Club

Ages 14+

NEW!

Let us teach you skills and strategies to win against your opponents. At the end of the session, we will have a friendly tournament to see who will be named the Checker Master!

GOALS: Promotes healthy relationships, socialization, and critical thinking.

Date	Program ID	Transport ID
February 7-28	424533-01	424533-T1

Day: Wednesday

Time: 5:45-7:45pm

Location: CUSR Center

Fee(R/NR): \$44/\$66

Min/Max: 6/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10

ADULTS THURSDAY

The Movie Social

Ages 14+

Let's pair a great movie with some delicious snacks and hang out with friends.

Date	Theme	Program ID
February 1	Little Mermaid Live Action	424509-01
March 14	Grease	424509-02

Day: Thursday

Time: 6-8pm

Location: Meet at CUSR Center

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

Min/Max: 4/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

Chef's Club

Ages 16+

Learn how to cook or brush up on your cooking skills. This season we will focus on fast food-inspired dishes. So, put your aprons on and get ready for some great food to cook and enjoy!

GOALS: Enhance socialization with peers, increase listening and comprehension skills.

Date	Theme	Program ID
February 22	McDonald's	424511-01
March 21	Taco Bell	424511-02
April 4	Olive Garden	424511-03

Day: Thursday

Time: 6-8pm

Location: Phillips Recreation Center

Fee(R/NR): \$25/\$37.50

Min/Max: 4/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS FRIDAY

Karaoke & Dancing

Ages 14+

Attention all singers and dancers. We are busting out the karaoke machine for a night of fun and talent. Whether you choose today's hits or the classics, it's going to be a great time!

GOALS: Increase socialization skills and turn taking skills.

Date	Program ID
January 26	424510-01
February 16	424510-02
March 8	424510-03

Day: Friday

Time: 6-8pm

Location: CUSR Center

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

Min/Max: 4/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

Flash Fun Friday

FREE!

Ages 14+

Fridays should be fun, and what's more fun than free! Join us for some cool FREE spotlight programs. You'll love it! Pre-registration is required.

GOALS: Enhance social skills with peers and community members.

Date	Spotlight	Program ID
January 19	DIY Calendar Craft	424512-01
February 23	Dance Party	424512-02
March 29	Bingo	424512-03
April 12	Game Night	424512-04

Day: Friday

Time: 5:30-6:30pm

Location: CUSR Center

Fee(R/NR): FREE!

Min/Max: 4/15

Deadline: 1 week prior to program

ADULTS SATURDAY

Salon Skills

NEW!

Ages 16+

Want to learn how to do cool nails and awesome hair styles? CUSR will have two salon-skilled workshops for you to learn to do manicures and haircuts. We will have all the supplies you need, plus simulation hands and head dolls for you to practice on.

GOALS: Promote motor skills, socialization, and critical thinking.

Date	Skill	Program ID
January 13	Manicures	424513-01
March 23	Haircuts	424513-02

Day: Saturday

Time: 2-4pm

Location: CUSR Center

Fee (R/NR): \$58/\$60

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation



JANUARY

SPECIAL EVENTS



New Year's After Party

NEW!

Ages 16+

Here's a New Year's Resolution: bring your friends to CUSR! We will have snacks, games, and make a personalized time capsule that we will save for you to open next year.

GOALS: Enhance socialization skills with peers.

Date	Program ID	Transportation ID
January 6	424514-01	424514-T1

Time: 6-8pm

Day: Saturday

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

Laser Tag Party

NEW!

Ages 14+

Bring your competitive spirit and join us for a Laser Tag Battle! All equipment will be supplied. Refreshments will be served.

GOALS: Enhance socialization skills with peers.

Date	Program ID	Transportation ID
January 20	424519-01	424519-T1

Time: 5:45-7:45pm

Day: Saturday

Location: CUSR Center

Fee (R/NR): \$31/\$46.50

Min/Max: 6/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10



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



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

FEBRUARY

SPECIAL EVENTS

Valentine's Day Dance

Ages 16+

Love is in the air! Join your friends at CUSR as we celebrate Valentine's Day. We will play games, enjoy a tasty snack, and dance.

GOALS: Increase socialization with peers and community members.

Date	Program ID	Transportation ID
February 10	424515-01	424515-T1

Day: Saturday

Time: 6-8pm

Location: CUSR Center

Fee (R/NR): \$40/\$60

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

Superbowl Watch Party

Ages 14+

If you are a football fan, this is the perfect program for you! Grab your favorite team jersey and head over to the CUSR Center for some Superbowl snacks and a great game.

GOALS: Enhance socialization skills with peers.

Date	Program ID	Transportation ID
February 11	424516-01	424516-T1

Time: TBA

Day: Sunday

Location: CUSR Center

Fee (R/NR): \$ 29/\$43.50

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

CUSR Friends & Family Fun Night

NEW!

Ages 14+

Bring your friends and family out for a fun night! We will have games and activities for everyone!

GOALS: Promotes healthy relationships, socialization, and critical thinking.

Date	Program ID
February 18	424517-01

Day: Sunday

Time: 4-6:30pm

Location: CUSR Center

Fee(R/NR): \$10/\$15

Min/Max: 6/15

Deadline: 1 week prior to program



MARCH

SPECIAL EVENTS

Western Party

NEW!

Ages 14+

Howdy, it's time to party Western style! Dress up in your best cowboy and cowgirl attire. We will learn line dances, play games like horseshoes, and have a rodeo obstacle course race.

Refreshments will be served.

GOALS: Promotes healthy relationships, socialization, and critical thinking.

Date	Program ID	Transportation ID
March 3	424521-01	424521-T1

Day: Sunday

Time: 3-4pm

Location: CUSR Center

Fee (R/NR): \$10/\$15

Min/Max: 6/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10

Donuts and Free-Throws

Ages 14+

Let's have a sweet time on the court! We can shoot some hoops and enjoy donuts at the same time.

GOALS: increase knowledge of basketball and physical activity.

Date	Program ID	Transportation ID
March 15	424518-01	424518-T1

Day: Friday

Time: 6-7:30pm

Location: CUSR Center

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

Min/Max: 4/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10

St. Patty's Day Party

Ages 14+

Are you feeling lucky? Join CUSR as we celebrate St. Patrick's Day! We will be playing games, enjoying a tasty snack, and making a St. Patrick's Day craft.

GOALS: Enhance social skills with peers and community members.

Date	Program ID	Transportation ID
March 16	424520-01	424520-T1

Day: Saturday

Time: 6-8pm

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

The Great Egg Hunt

NEW!

Ages 14+

Teens and adults – join us as we hunt for eggs inside and outside of the CUSR Center. At the end of the hunt, you will be able to enter the eggs-travagant drawing for prizes!

GOALS: Promotes healthy relationships, socialization, and critical thinking.

Date	Program ID	Transportation ID
March 24	424522-01	424522-T1

Day: Sunday

Time: 3-4pm

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10

APRIL SPECIAL EVENTS

Spring Formal

Ages 16+

It's that time of year again! CUSR is hosting our annual Spring Formal. This year's theme is 70s Disco. Come dressed in your bell bottoms and gogo boots, and boogie the night away!

GOALS: *Meet new people enhance socialization.*

Date	Program ID
April 13	424523-01

Day: Saturday

Time: 6-8pm

Location: CUSR Center

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

Min/Max: 7/25

Deadline: 1 week prior to program



FEATURED OUT OF TOWN PROGRAM



CUSR Explorers

Ages 18+

It's time to hop on the CUSR bus for a great adventure. We will go to a city nearby for great food and fun activities. Fees are included in the fee.

GOALS: *Promotes healthy relationships, socialization, and critical thinking.*

Date	Destination	Program ID
April 14	Bloomington (Spark Bowling and Ancho & Agave)	424524-01
April 21	Peoria (Uncle Bucks and Chiefs Baseball game)	424524-02

Day: Sunday

Time: 11:30am-5pm

Location: CUSR Center

Fee(R/NR): \$90/\$135

Min/Max: 6/15

Deadline: 1 week prior to program





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 2 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
Feb 5-26	Monday	424526-01
March 4-25	Monday	424526-02
April 1-29	Monday	424526-03
Feb 7- 28	Wednesday	424526-04
March 6-27	Wednesday	424526-05
April 3-24	Wednesday	424526-06

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 for the three sessions. \$21.50 for just one session.

C-U Kiwanis Tom Jones Challenger League

Ages 6-21

Information coming in the CUSR Summer Guide

Mustang Powerlifting

Ages 16+

Get ready to bench, squat, and more! Work out and get into shape. Training takes place twice a week in preparation for the Special Olympics Qualifier.

***Participants must purchase their own lifting suit and belt for competition.**

GOALS: Improve overall strength and gross motor coordination, learn and practice weight room safety and etiquette, and improve goal-setting abilities.

Date	Time	Program ID
Jan 16-May 23	6:30-8pm	424525-01

Day: Tuesday and Thursday

Location: Stephens Family YMCA

Fee(R/NR): \$75/\$112.50

Min/Max: 4/8

Deadline: January 9

No Door-to-Door Transportation

Soccer Skills

Ages 13+

Kick! Pass! Dribble! Shoot! Soccer is back and it's going to be a blast! We will develop our skills in this 8-week program and showcase our technique at the Soccer Skills Competition!

GOALS: Increase cardiovascular fitness and athletic abilities, and learn soccer techniques.

Date	Program ID
Jan 31- Feb 28 & Mar 4-25	424528-01

Time: 5:15-6:45pm

Days: Wednesdays in Jan/Feb; Mondays in March

Location: CUSR Center

Fee (R/NR): \$63/\$94.50

Min/Max: 4/8

Deadline: 1 week before program

No Door-to-Door Transportation

SPECIAL OLYMPICS

Special Olympics Pizza & Karaoke Night

NEW!

Ages 10+

Come help celebrate the accomplishments of CUSR's Special Olympic athletes with pizza and karaoke! Family and friends are welcome!

GOALS:

Date	Day	Program ID
January 17	Wednesday	424527-01

Time: 6-7:30pm

Location: CUSR CENTER

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

Min/Max: 4/6

Deadline: 1 week prior to the program

Mustang Aquatics

Ages 10+

Make your way into the water and join us for swim practice! We will work on developing and refining competitive swimming skills.

NOTE: You must be able to swim the length of the pool unassisted to register for this program. This is not a swim lesson program. Individuals in the program must have stroke knowledge and be able to swim independently.

**Participants must purchase their own swimming suit. One-piece swim suits are required for female swimmers and males may wear swim trunks or jammers.*

GOALS: Increase cardiovascular fitness, gross motor coordination, improve goal-setting abilities, and improve swimming strokes.

Date	Day	Program ID
Feb 3-May 11*	Saturday	424529-01

Time: 4-5pm

Location: Urbana Indoor Aquatic Center

Fee (R/NR): \$78/\$117

Min/Max: 4/8

Deadline: January 27

No Door-to-Door Transportation

*Medical Applications must be valid through June 17

Mustang Track and Field

Ages 13+

There is something for everyone at Track & Field! You can train for field events, running, walking, sprints, long distance, and wheelchair races. Athletes have the opportunity to compete at the District Track & Field Meet.

NOTE: Please wear appropriate athletic clothing to practice – athletic shorts or sweatpants, t-shirts, and tennis shoes. Jeans and sandals of any kind are not allowed at practice.

GOALS: Increase gross motor coordination, improve athletic abilities and improve communication and listening skills.

Date	Day	Program ID
March 6-June 5	Wednesday	424530-01

Time: 5:30-7pm

Location: CUSR Center/TBD

Fee (R/NR): \$75/ \$112.50

Min/Max: 8/12

Deadline: March 1

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
- POWER LIFTING
- SOFTBALL
- SOCCER SKILLS
- TRACK & FIELD
- VOLLEYBALL
- YOUNG ATHLETES



IMPORTANT SPECIAL OLYMPIC DATES

January 26, 2024
March 8-10, 2024
April 4, 2024
May 11, 2024

District Basketball, Bloomington
State Basketball, Bloomington
District Aquatics, Urbana
District Track, Warrensburg

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

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 ☐ 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

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

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

Numbness or tingling in legs, arms, hands or feet ☐ No ☐ Yes

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

Weakness in legs, arms, hands or feet ☐ No ☐ Yes

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

Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet ☐ No ☐ Yes

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

Head Tilt ☐ No ☐ Yes

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

Spasticity ☐ No ☐ Yes

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

Paralysis ☐ 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		Exam Date		Name:
				E-mail:
				Phone: - -

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 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 have been temporarily reduced due to 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.

JANUARY

2024

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 CUSR CLOSED	2 ADULTS' DAY-IN 2	3 ADULTS' DAY-IN	4 ADULTS' DAY-IN 2	5 ADULTS' DAY-IN	6 NEW YEAR'S AFTER PARTY
7	8 ADULTS' DAY-IN AFTER SCHOOL 5 CORNER PROGRAM	9 ADULTS' DAY-IN 2 AFTER SCHOOL MUSICAL THEATER	10 ADULTS' DAY-IN AFTER SCHOOL	11 ADULTS' DAY-IN 2 AFTER SCHOOL	12 ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING	13 SALON SKILLS
14	15 CUSR CLOSED	16 ADULTS' DAY-IN 2 AFTER SCHOOL MUSICAL THEATER MUSTANG POWER LIFTING	17 ADULTS' DAY-IN AFTER SCHOOL S.O. PIZZA & KARAOKE NIGHT	18 ADULTS' DAY-IN 2 AFTER SCHOOL THE MOVIE SOCIAL MUSTANG POWER LIFTING LET'S GET CRAFTY	19 ADULTS' DAY-IN AFTER SCHOOL FLASH FUN FRIDAY	20 LASER TAG PARTY CUSR DROP-IN
21	22 ADULTS' DAY-IN AFTER SCHOOL GAMES OF THEORY	23 ADULTS' DAY-IN 2 AFTER SCHOOL MUSICAL THEATER MUSTANG POWER LIFTING	24 ADULTS' DAY-IN AFTER SCHOOL	25 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING	26 ADULTS' DAY-IN AFTER SCHOOL	27 CUSR DROP-IN
28	29 ADULTS' DAY-IN AFTER SCHOOL GAME NIGHT	30 ADULTS' DAY-IN 2 AFTER SCHOOL MUSICAL THEATER MUSTANG POWER LIFTING	31 ADULTS' DAY-IN AFTER SCHOOL SOCCER SKILLS			

FEBRUARY

2024

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 2 AFTER SCHOOL MUSTANG POWER LIFTING THE MOVIE SOCIAL	2 ADULTS' DAY-IN AFTER SCHOOL	3 MUSTANG AQUATICS CUSR DROP-IN
4 SOCIAL SUNDAYS	5 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES 5 CORNER PROGRAM	6 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	7 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS CHECKERS CLUB	8 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	9 ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING	10 MUSTANG AQUATICS CUSR DROP-IN VALENTINE'S DAY DANCE
11 BINGO SUPERBOWL WATCH PARTY	12 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	13 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	14 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS CHECKERS CLUB	15 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	16 ADULTS' DAY-IN AFTER SCHOOL	17 MUSTANG AQUATICS
18 CUSR FRIENDS & FAMILY FUN NIGHT	19 ADULTS' DAY-IN STRIKES & SPARES	20 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	21 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS CHECKERS CLUB	22 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER CHEF'S CLUB LET'S GET CRAFTY	23 ADULTS' DAY-IN AFTER SCHOOL FLASH FUN FRIDAY	24 MUSTANG AQUATICS
25 POOL PARTY	26 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES GAMES OF THEORY	27 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	28 ADULTS' DAY-IN AFTER SCHOOL CHECKERS CLUB SOCCER SKILLS	29 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER		

MARCH

2024



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	2 MUSTANG AQUATICS
3 WESTERN PARTY	4 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS DISNEY SING- ALONG NIGHT	5 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER 5 CORNER PROGRAM	6 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG TRACK AND FIELD	7 ADULTS' DAY-IN 2 SOCCER SKILLS MUSTANG POWER LIFTING- MUSICAL THEATER	8 ADULTS' DAY-IN KARAOKE & DANCING	9 MUSTANG AQUATICS
10 SOCIAL SUNDAYS	11 SPRING BREAK CAMP STRIKES & SPARES SOCCER SKILLS GAMES OF THEORY	12 SPRING BREAK CAMP MUSTANG POWER LIFTING	13 SPRING BREAK CAMP STRIKES & SPARES MUSTANG TRACK AND FIELD	14 SPRING BREAK CAMP MUSTANG POWER LIFTING THE MOVIE SOCIAL	15 SPRING BREAK CAMP DONUTS AND FREE-THROWS	16 MUSTANG AQUATICS ST. PATTY'S DAY PARTY
17	18 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS DISNEY SING- ALONG NIGHT	19 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	20 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG TRACK AND FIELD	21 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER CHEF'S CLUB	22 ADULTS' DAY-IN AFTER SCHOOL	23 HORSEBACK RIDING MUSTANG AQUATICS SALON SKILLS
24 THE GREAT EGG HUNT	25 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS 5 CORNER PROGRAM	26 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	27 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG TRACK AND FIELD	28 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING THE MOVIE SOCIAL MUSICAL THEATER	29 ADULTS' DAY-IN FLASH FUN FRIDAY	30 HORSEBACK RIDING SENSORY EGG HUNT MUSTANG AQUATICS
31						

APRIL

2024

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 STRIKES & SPARES	2 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER	3 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG TRACK AND FIELD	4 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING MUSICAL THEATER CHEF'S CLUB	5 ADULTS' DAY-IN AFTER SCHOOL	6 HORSEBACK RIDING "IT STARTED WITH A GLASS SLIPPER" MUSTANG AQUATICS
7 SOCIAL SUNDAYS	8 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	9 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING GAME NIGHT	10 ADULTS' DAY-IN STRIKES & SPARES MUSTANG TRACK AND FIELD	11 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING	12 ADULTS' DAY-IN AFTER SCHOOL FLASH FUN FRIDAY	13 HORSEBACK RIDING SPRING FORMAL
14 CUSR EXPLORERS	15 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	16 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING	17 ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING STRIKES & SPARES MUSTANG TRACK AND FIELD	18 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING	19 ADULTS' DAY-IN AFTER SCHOOL	20 HORSEBACK RIDING MUSTANG AQUATICS
21 CUSR EXPLORERS	22 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	23 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING GAME NIGHT	24 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES MUSTANG TRACK AND FIELD	25 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING HAWAII TRIP- DEPART 5 CORNER PROGRAM	26 ADULTS' DAY-IN AFTER SCHOOL	27 HORSEBACK RIDING MUSTANG AQUATICS
28 HAWAII TRIP - RETURN	29 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	30 ADULTS' DAY-IN 2 AFTER SCHOOL MUSTANG POWER LIFTING				

THANK YOU TO OUR PROGRAM PARTNERS



Best Buddies

Black Dog Smoke & Ale House

Body N' Sole

Caring Family Dental

Community Choices

CU-Able

C-U Autism Network

Developmental Services Center (DSC)

Down Syndrome Network

Healing Horse Stables

P.A.C.E.

Special Olympics Illinois

Stephens Family YMCA

Urbana Acupuncture

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.



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!



<https://champaignparks.com/volunteer/>

