

CUSR

CHAMPAIGN-URBANA SPECIAL RECREATION

PROVIDING
QUALITY PROGRAMS
FOR INDIVIDUALS
WITH SPECIAL
NEEDS



2024

SUMMER 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:
May 27 and July 4

Phone: 217-819-3980
Relay: 711
E-Mail: cusr@champaignparks.org
Website: cuspécialrecreation.org

Inclusive Programs through CUSR

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

Program History

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

Americans with Disabilities Act (ADA)

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

CUSR STAFF



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DEPUTY EXECUTIVE DIRECTOR



Christina Mott, CPRP
CUSR MANAGER/
INCLUSION COORDINATOR



Amanda Carrington
CUSR RECEPTIONIST



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ADULT PROGRAM & EVENT
COORDINATOR



Tristan Elzy
YOUTH & TEEN COORDINATOR



Cole Alvis
ATHLETICS & VOLUNTEER
COORDINATOR

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PROGRAM LOCATIONS



CHAMPAIGN

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

Dexter Field
900 Kenwood Rd.

Dodds Park 3 Plex
1501 N. Mattis Ave.

SAVOY

Old Orchard Lanes and Links
901 N. Dunlap Ave. Savoy, IL

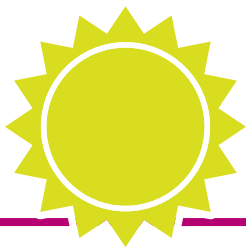
EMERGENCY CONTACT

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.





SUMMER



REGISTRATION

You may register three ways for CUSR programs:

- **Online at cuspecialrecreation.org**
To better serve you, CUSR is switching to a new eCommerce Platform. Scan this QR code to create your account today and register.
- **In person at CUSR Center**
2212 Sangamon Dr, Champaign
- **By mailing in a CUSR registration form**
(see pages 19-20)



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 online, in person at CUSR Center, or through mail. 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!

SUMMER CAMPS

Join the fun for 2024! There will be games, crafts, sports, cooking, swimming, field trips, and more! CUSR Summer Camps offer a safe and structured environment to explore, expand, and enjoy.

We are staffed with well-trained, outgoing individuals to make this summer the best ever. A 1:4 staff to participant ratio is maintained as often as possible. The CUSR Summer Camps are open to any individual who has a disability. *Single-day morning option will be available based on Summer School schedules. Please call the office for more information.*

GOALS: *Learn new skills, increase independence, increase peer interaction, socialization, motor functioning and development, and community awareness.*



Payment Information for CUSR Summer Camps

We understand that it may be difficult to pay all costs up front. Because of this, we require a \$10 non-refundable deposit per child per session to hold a spot. The remainder will be due two weeks before each session begins.



For Kids Only

Ages 5 -12

Date	Full Day Fee R/NR	Half Day Fee R/NR
6/3-6/7	\$195/\$292.50	\$143/\$214.50
6/10-6/14	\$195/\$292.50	\$143/\$214.50
6/17-6/21	\$195/\$292.50	\$143/\$214.50
6/24-6/28	\$195/\$292.50	\$143/\$214.50
7/1-7/5*	\$195/\$292.50	\$143/\$214.50
7/8-7/12	\$195/\$292.50	\$143/\$214.50
7/15-7/19	\$195/\$292.50	\$143/\$214.50
7/22-7/26	\$195/\$292.50	\$143/\$214.50
7/29-8/2	\$195/\$292.50	\$143/\$214.50
8/5-8/9	\$195/\$292.50	\$143/\$214.50

NO PROGRAM JULY 4*

Day: Monday-Friday
Time: Full Day: 7:30am-5:30pm
 Half Day: 12-5:30pm

Location: CUSR Center

Max: 15

Deadline: 2 weeks prior to start of session

NO TRANSPORTATION

Camp Spirit

Ages 13-High School Graduate

Date	Full Day Fee R/NR	Half Day Fee R/NR
6/3-6/7	\$195/\$292.50	\$143/\$214.50
6/10-6/14	\$195/\$292.50	\$143/\$214.50
6/17-6/21	\$195/\$292.50	\$143/\$214.50
6/24-6/28	\$195/\$292.50	\$143/\$214.50
7/1-7/5*	\$195/\$292.50	\$143/\$214.50
7/8-7/12	\$195/\$292.50	\$143/\$214.50
7/15-7/19	\$195/\$292.50	\$143/\$214.50
7/22-7/26	\$195/\$292.50	\$143/\$214.50
7/29-8/2	\$195/\$292.50	\$143/\$214.50
8/5-8/9	\$195/\$292.50	\$143/\$214.50

NO PROGRAM JULY 4*

Day: Monday-Friday
Time: Full Day: 7:30am-5:30pm
 Half Day: 12-5:30pm

Location: CUSR Center

Max: 15

Deadline: 2 weeks prior to start of session

NO TRANSPORTATION



YOUTH & TEEN SPECIAL EVENT

Summer Jam

NEW!

Ages 5 – High School graduate

Join us for a day of fun in the sun! With exciting water activities, games, music, and delicious snacks, it's the perfect way to kick off the season. Don't miss out on this amazing opportunity to make some unforgettable memories with friends!

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

Date	Day	Fee(R/NR)
May 25	Saturday	\$17/\$25.50

Time: 1-3pm

Location: CUSR Center

Min/Max: 6/12

Deadline: 1 week prior to program

No Door-to-Door Transportation

Sensory Sunday

NEW!

Ages 5 – High School graduate

Are you looking for a fun and engaging sensory program? Look no further! Our program is designed to stimulate all of the senses and provide a safe and interactive environment for children to explore their surroundings.

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

Date	Day	Fee(R/NR)
June 9	Sunday	\$16/\$24
July 14	Sunday	\$16/\$24
August 11	Sunday	\$16/\$24

Time: 10-11am

Location: CUSR Center

Min/Max: 6/10

Deadline: 1 week prior to program

No Door-to-Door Transportation

Sensory Swim

Ages 0-22 with parent or guardian

Enjoy family fun and sensory friendly swimming at Sholem Aquatic Center! Sholem has various special sensory considerations and a water wheelchair. Please bring extra money for concessions.

GOALS: Learn new skills, increase peer interaction, socialization, motor functioning and development.

Dates	Day	Time
June 26	Wednesday	8-10pm
July 1	Monday	9:30-11:45am
August 7	Wednesday	9:30-11:45am

Location: Sholem Aquatic Center

Fee (R/NR): \$6/\$9 Sholem Entry Fee – pay at door

No Door-to-Door Transportation



YOUTH & TEEN



Young Athletes

Ages 2-7

Young Athletes is a unique sports play initiative that aims to introduce children, with or without intellectual disabilities, to the exciting world of sports.

GOALS: Increase socialization, peer interaction, and build new friendships.

Date	Day
May 4, May 18, June 1, June 15	Saturday

Time: 10-11am

Location: CUSR Center

Fee (R/NR): \$15/\$22.50

Min/Max: 6/12

Deadline: 1 week prior to program

No Door-to-Door Transportation

Intro to Dance & Cheer

NEW!

Ages 5 – High School graduate

Enjoy a fun and inclusive environment to build confidence, coordination, and teamwork skills. We offer various dance and cheer styles and opportunities for performances. We provide a safe and supportive space for participants to shine.

GOALS: Learn new skills, increase peer interaction, socialization, motor functioning and development.

Date	Day	Fee (R/NR)
June 16-July 21	Sunday	\$46/\$69

Time: 2:30-3:30pm

Location: CUSR Center

Min/Max: 6/10

Deadline: 1 week prior to program

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. Some programs are being restricted.



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 the fun zone!

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

Date	Fee(R/NR)
May 1-31*	\$248/\$372
June 3-28	\$270/\$405
July 1-31	\$270/\$405
August 2-30	\$270/\$405

NO PROGRAM MAY 27*

Day: Mondays/Wednesdays/Fridays

Time: 9am-12pm

Location: CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$65 drop off

Adults' Day-In 2

Ages 19+

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

GOALS: Promotes healthy relationships and problem-solving skills.

Date	Fee(R/NR)
May 2-30	\$90/\$135
June 4-27	\$90/\$135
July 2-30*	\$80/\$120
August 1-29	\$90/\$135

NO PROGRAM JULY 4*

Day: Tuesdays/Thursdays

Time: 9am-12pm

Location: CUSR Center

Min/Max: 4/15

Deadline: 1 week prior to program

Drop-Off Only Transportation: \$10 per week



5 Corner Program

Ages 14+

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

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

Activity	Date	Day	Time	Fee (R/NR)
Summer Bingo	May 15	Wednesday	6-7pm	\$5/\$7.50
Planter Pot Painting	June 5	Wednesday	6-7pm	\$5/\$7.50
Grilled Cheese Making	June 25	Tuesday	6-7pm	\$5/\$7.50
Curtis Orchard Field Trip	August 5	Monday	2-4pm	\$5/\$7.50
CUSR Banner Making	August 15	Thursday	6-7pm	\$5/\$7.50

Location: Meet at CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS SUNDAY

Parks and Fun Tours

NEW!

Ages 16+

Pack up your favorite lunch and drinks to hang out with the CUSR crew. Each month we will go to a park around Champaign-Urbana and have a nice picnic with friends, while also enjoying outside games, music and complimentary sweet treats.

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

Date	Park	Fee(R/NR)
May 12	Sunset Rdge Park	\$14/\$21
July 28	Busey Woods Trail/ Nature Center	\$14/\$21
August 18	Robert C Porter Park	\$14/\$21

Day: Sunday

Time: 3-5pm

Location: CUSR Center

Min/Max: 4/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

Dine Time

NEW!

Ages 18+

Join your friends for a dining adventure and explore some of the amazing restaurants that C-U has to offer. All fees are included in the price.

GOALS: Promote healthy relationships, socialization, motor skills.

Date	Day	Fee(R/NR)
May 26	Sunday	\$37/\$55.50
July 14	Sunday	\$37/\$55.50

Time: 5-7pm

Location: CUSR Center

Min/Max: 6/10

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS MONDAY

Pool Club

NEW!

Ages 16+

Join us at Sholem Pool to ride the waves and float down the lazy river. It's guaranteed to be a splash-worthy experience! Remember to bring sunscreen, towels, and cash for the concession stand. The entry fee is included in the cost.

GOALS: Promote healthy relationships, socialization, motor skills.

Date	Day	Time	Fee(R/NR)
June 10	Monday	3-5pm	\$15/\$22.50
June 17	Monday	3-5pm	\$15/\$22.50
July 8	Monday	3-5pm	\$15/\$22.50
July 22	Monday	3-5pm	\$15/\$22.50

Location: CUSR Center

Min/Max: 6/10

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



ADULTS TUESDAY

Big Screen Movie Night

Ages 14+

We're bringing the movie theater to CUSR Center! Enjoy buttery popcorn and a fun flick with friends as we show films on our large projector screen.

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

Date	Film	Fee(R/NR)
May 21	Aladdin Live Action	\$16/\$24
August 13	Into the Woods	\$16/\$24

Day: Tuesday

Time: 6-8:30pm

Location: CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS WEDNESDAY

Crafts and Snacks **NEW!**

Ages 14+

Combine a treat with creative ideas as we indulge in an evening filled with crafting and delightful snacks.

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

Date	Craft	Fee(R/NR)
May 22	Pottery DIY	\$17/\$25.50
August 21	Paint Pouring and Canvas Creation	\$17/\$25.50

Day: Wednesday

Time: 5:30-7:30pm

Location: CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

ADULTS THURSDAY

Chef Club

Ages 16+

Want to learn how to cook or brush up on the cooking skills that you do have? This is the perfect program for you. This season we will focus on made-from-scratch recipes. Put your aprons on and get your stomachs ready for some great food to cook and enjoy!

GOALS: Promote coordination and motor skills.

Date	Inspired Dishes	Fee(R/NR)
May 9	Pasta	\$27/\$40.50
August 1	Soups and Bread	\$27/\$40.50

Day: Thursday

Time: 6-8pm

Location: Phillips Recreation Center

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



ADULTS FRIDAY

CUSR and PJS **NEW!**

Ages 14+

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

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

Date	Day	Fee(R/NR)
May 10	Friday	\$17/\$25.50
July 19	Friday	\$17/\$25.50

Time: 6-8pm

Location: CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

Flash Fun Friday

Ages 14+

CUSR is offering **free** spotlight programs on select Fridays! Kick off the weekend with something new and fun.

GOALS: Promote coordination and motor skills.

Date	Theme
May 24	Game Night
July 12	Line Dances
August 2	Movie Night
August 30	XBOX Kinect Game Night

FREE!

Day: Friday

Time: 5:30-6:30pm

Location: CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation



Trivia Night

Ages 14+

Come hang out at Trivia Night with us! It's all about having a blast while competing to see who knows their stuff in sports and music. Think you've got what it takes to be the ultimate trivia champion? Prizes included!

GOALS: Promote healthy relationships and problem-solving skills.

Date	Theme	Fee(R/NR)
May 31	Sports Trivia Host: Jackie Mendoza (Special Olympics)	\$20/\$30
June 14	Music Trivia Host: TBD	\$20/\$30

Day: Friday

Time: 6-7:30pm

Location: CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation



ADULTS SATURDAY

Improv Club

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

Date	Day	Fee(R/NR)
May 11	Saturday	\$14/\$21
May 25	Saturday	\$14/\$21

Time: 12-2pm

Location: CUSR Center

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

Garden Club

NEW!

Ages 16+

Come learn something new this summer and watch your plants grow.

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

Date	Day
May 4 & 18	Saturday
June 8 & 22	Saturday
July 13 & 27	Saturday

Time: 10-11am

Location: CUSR Center

Fee(R/NR): \$42/\$63

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation

The Vocupellas

Ages 16+

Do you love to sing? Join the Vocupellas group and sing today's hits and more in different styles and arrangements. You will be taught in a 7-week course that will end in a performance for your family and friends.

GOALS: Increase socialization skills, turn-taking skills, and self-confidence.

Date	Day	Fee(R/NR)
July 6-August 10	Saturday	\$81/\$121.50

Time: 1-3pm

Location: CUSR Center

Performance: August 10 at 2:30pm

Min/Max: 6/15

Deadline: 1 week prior to program

No Door-to-Door Transportation



MAY & JUNE SPECIAL EVENTS

Ice Cream Social

Ages 14+

We all scream for ice cream! Eat different varieties and combinations of ice cream sundaes while enjoying time with friends.

GOALS: *Enhance socialization with peers.*

Date **Day**
May 7 Tuesday

Time: 5:30-6:30pm

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

A Day In Science

Ages 14+

It's the moment your curious mind has been waiting for. Join us at CUSR for enjoyable experiments with friends! Attire: casual and ready for a bit of mess!

GOALS: *Promotes healthy relationships, socialization, and motor skills.*

Date **Day**
May 28 Tuesday

Time: 6-8pm

Location: CUSR Center

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

Min/Max: 6/10

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



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

Tie-Dye Party

Ages 14+

Time to get creative! Join in on the fun of crazy patterns, colors, and designs as we tie-dye some new summer fashion pieces.

GOALS: *Promote creativity and social engagement.*

Date **Day**
June 1 Saturday

Time: 3-5pm

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

CUSR's Summer Bash

All Ages

Let's start the summer with a bang! Come hang out with CUSR at Hessel Park Pavilion for a lively kickball tournament hosted by our very own Mustangs coaches. Enjoy delicious food, fun games, and great music! Feel free to wear clothes you don't mind getting wet in, as we'll be close to the splash pads!

GOALS: *Promotes healthy relationships, socialization, and motor skills.*

Date **Day**
June 2 Sunday

Time: 2-5pm

Location: CUSR Center

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

Min/Max: 25/50

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



JULY SPECIAL EVENTS

C-U Dancing

Ages 14+

Calling all dancers! This season's dance theme is *Stars and Stripes!* Refreshments will be provided. Please call ahead if you're signing up as a group.

GOALS: Promote socialization, coordination, and motor skills.

Date **Day**
July 6 Saturday

Time: 6-8pm

Location: CUSR Center

Fee (R/NR): \$10/\$20

Min/Max: 20/30

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

S'mores Galore **NEW!**

Ages 14+

Summer is for fun times! Join us for a cozy evening of s'mores-making and mingling.

GOALS: Promotes healthy relationships, socialization, and motor skills.

Date **Day**
July 26 Friday

Time: 6-8pm

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10



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



Band Together!

Ages 14+

Fill your day with music! Learn to play instruments, sing along to songs, and make fun sounds together!

GOALS: Promote socialization, coordination, and motor skills.

Date **Day**
July 31 Wednesday

Time: 5:30-7:30pm

Location: CUSR Center

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

Min/Max: 6/10

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

AUGUST SPECIAL EVENTS

Raging Waves Trip **NEW!**

Ages 18+

Raging Waves is Illinois's largest outdoor waterpark. This Aussie-themed, family-friendly waterpark, features 32 water slides, 3 kiddie areas, a wave pool, a 1/4 mile long lazy river, and more. Let's soak up all the excitement that Raging Waves has in store for us!

GOALS: Promotes healthy relationships, socialization, and motor skills.

Date August 17
Day Saturday

Time: 9am-7pm

Location: CUSR Center

Fee (R/NR): \$142/\$213

Min/Max: 6/8

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

Prom

Ages 16+

Dress to impress and dance the night away at CUSR Prom, A Night in Space. Catered food will be provided.

GOALS: Promote socialization, coordination, and motor skills.

Date August 24
Day Saturday

Time: 6-8pm

Location: CUSR Center

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

Min/Max: 6/15

Deadline: 1 week prior to program

Door-to-Door Transportation: \$10

OVERNIGHT TRIP



Great Wolf Lodge Trip

Ages 21+

Embark on a summer getaway with CUSR and explore the wonders of the Great Wolf Lodge! We'll indulge in all the attractions the resort has to offer. On our journey back, we'll make a stop at the Shedd Aquarium and a fantastic lunch!

GOALS: Promotes healthy relationships, socialization, and motor skills.

Date June 28-30
Day Friday-Sunday

Time: 8am Friday - 6pm Sunday

Location: Depart from and return to CUSR Center

Fee(R/NR): \$1037/1555.50

Min/Max: 4/6

Deadline: 2 weeks prior to program

No Door-to-Door Transportation



C-U Kiwanis Tom Jones Challenger League

Ages 6-21

The Challenger League is a cooperative program between C-U Kiwanis Club and CUSR. The league gives players with physical and/or intellectual disabilities the opportunity to play the game of baseball. Uniforms, caps, and equipment are provided for the games. Players either hit from a tee or swing at a pitched ball and are assisted by coaches, volunteers, and “buddies”.

NOTE: This is not a CUSR-run program. We only take registration. For questions regarding practices/games, contact Tom Grey at 217-377-2998.

Date	Time	Fee (R/NR)
May 4-June 25	6-9pm	\$25

Day: Tuesday evenings & Saturday mornings

Location: Ambucs Park, Urbana

Deadline: March 28

No Door-to-Door Transportation

Foot Golf

NEW!

Ages 14+

Foot golf is a mashup of soccer and golf. Instead of using golf clubs, you kick a soccerball into oversized holes on a golf course. This is a fun way to combine two sports and challenge your skills. Soccer balls will be provided at the program.

GOALS: Enhance social skills and gross motor coordination while competing with friends

Date	Day	Fee (R/NR)
June 30-July 21	Sunday	\$65/\$97.50

Time: 1-2:30pm

Location: Lake of the Woods Foot Golf Course, Mahomet, IL

Min/Max: 4/8

Deadline: 1 week prior to program

No Door-to-Door Transportation

Mustang Softball

Ages 13+

Spend this season working on the fundamentals for our Mustang Softball Team! Practices will focus on the basic skills of hitting, fielding, throwing, and sportsmanship. Competitions with other area teams and Special Olympics will depend on current safety guidelines and TBA. All athletes must have a current Special Olympics Medical Application on file with CUSR by June 25; Medical Applications must be valid through September 10.

GOALS: Increase gross motor coordination and improve team building and sportsmanship skills.

Date	Day	Fee (R/NR)
May 1- July 17	Wednesday	\$75/\$112.50

Time: 5:30-6:30pm

Location: Dodds Softball Complex

Min/Max: 11/16

Deadline: 1 week prior to program

No Door-to-Door Transportation

Mustang Open Gym

Ages 14+

Want to shoot some hoops but team sports aren't really your thing? Want a chill place to just curl up with a book or grab some markers and color? Come hang out at Mustang open gym! Shoot hoops in the gym, play one of our giant board games, or hang in the activity room and socialize with your buds!

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

Date	Day	Fee (R/NR)
May 18	Saturday	\$6/\$9
June 1	Saturday	\$6/\$9
June 15	Saturday	\$6/\$9
June 29	Saturday	\$6/\$9

Time: 9-11am

Location: CUSR Center

Min/Max: 8/12

Deadline: 1 week prior to program

No Door-to-Door Transportation

SPECIAL OLYMPICS

Mustang Bowling

Ages 13+

Practice your bowling skills this summer! Competitions with other area teams and Special Olympics will depend on current safety guidelines and will be TBA. All participants need to have a current Special Olympics Medical Application on file with CUSR by July 24; Medical Applications must be valid through December 7.

GOALS: Learn and practice bowling rules and etiquette, increase gross motor coordination, improve bowling and sportsmanship skills.

Date	Day	Fee (R/NR)
June 5-August 28	Wednesday	\$113/\$169.50

Time: 4-5pm

Location: Old Orchard Lanes and Links

Min/Max: 6/12

Deadline: May 22

No Door-to-Door Transportation

Indoor Mustang Pickleball

NEW!

Ages 14+

Come and join the Mustang Pickleball program for friendly competition and fun! Whether you are an experienced player or you want to try out a new sport, this program is for you. Grab a paddle and get ready to have a blast on the court!

GOALS: Improve gross motor coordination, enhance social skills, and expand your knowledge of the game of Pickleball.

Date	Day	Fee (R/NR)
July 11-August 29	Thursdays	\$60/\$90

Time: 6-7pm

Location: CUSR Center

Min/Max: 4/12

Deadline: 1 week prior to program

No Door-to-Door Transportation



Volleyball

Ages 13+

Learn the basic skills of volleyball or improve your skills. Players on this team will develop their serving, passing, and hitting skills. We will work on skills for both Modified and Traditional volleyball. Competitions with other area teams and Special Olympics will depend on current safety guidelines and TBA. Athletes need to have a valid Special Olympics Medical Application on file with CUSR by July 25; Medical Applications must be valid through October 30.

GOALS: Increase gross motor coordination, improve team cooperation skills and gain knowledge of rules of the game and individual volleyball skills.

Date	Day	Fee (R/NR)
June 25-October 15	Tuesday	\$80/\$120

Time: 5:30-7pm

Location: CUSR Center

Min/Max: 8/12

Deadline: June 18

No Door-to-Door Transportation



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



Stay connected with CUSR online:
Facebook.com/CUSpecialRec



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

Spring Games in Warrensburg, Illinois
Summer Games in Bloomington, Illinois
Softball Districts in (TBA)
Bowling Districts in Champaign, Illinois

CRITERIA FOR PARTICIPATION

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

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

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

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

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

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

REGISTRATION FORM



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

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

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

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

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

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

List Medications: _____
List Allergies: _____
List Dietary Restrictions: _____
List Special Needs/Assistance Necessary: _____

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

WAIVER. SEE BACK OF FORM FOR CREDIT CARD PAYMENT INFORMATION

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

* Participation can be denied if the signature of adult participant or parent/guardian and date are not on this waiver. **Please call 217-819-3980, if you require special accommodations.**

Important Information

CUSR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. CUSR continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the CUSR programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/ programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered illness, injury, or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for CUSR to guarantee absolute safety.

Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in CUSR programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these program/activities against CUSR and Champaign and Urbana Park Districts, including their respected officials, officers, employees, and volunteers (hereinafter collectively referred as "CUSR"). I do hereby fully release and forever discharge CUSR from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Photographs

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

PLEASE SEE FRONT FOR WAIVER.

The Waiver Must Be Signed Before Your Registration May Be Processed

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

Account Number _____ Charge Amount _____

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

Authorized Signature _____

Athlete Medical Form – HEALTH HISTORY

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



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

Region _____ Primary Agency Name _____ Secondary Agency Name _____

Name of person completing form: _____ Relationship to Athlete _____

Phone _____ - _____ - _____ Email Address _____ Date Completed _____

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

ATHLETE INFORMATION

Athlete Last Name: _____ Athlete First Name: _____

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

Athlete Gender Identity: Female Male Other

Athlete Ethnicity/Race:

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

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

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

Athlete Mailing Address: Street _____ City: _____ State: _____ Zip: _____

Athlete Email Address: _____ Athlete Phone Number: _____ - _____ - _____

Athlete Employer (if applicable): _____

Name of Athlete's Primary Physician / Health Provider: _____

PARENT / GUARDIAN INFORMATION

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

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

Last Name: _____ First Name: _____

Mailing Address (if different than athlete's):

Street: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Contact Number: _____ - _____ - _____

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

Emergency Contact Person #1: Name _____ Phone: _____ - _____ - _____

Emergency Contact Person #2: Name _____ Phone: _____ - _____ - _____

Athlete Medical Form – HEALTH HISTORY

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



Athlete's First and Last Name: _____

DIAGNOSED SYNDROMES (check all that apply)

Autism Down Syndrome Fragile X Syndrome Cerebral Palsy Fetal Alcohol Syndrome Other: _____

HEART HEALTH & HISTORY (check all that apply)

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

HEAD INJURY HISTORY (check all that apply)

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

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

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

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

Latex Insect Bites or Stings: _____
 Food: _____ Medications: _____ Other: _____

PULMONARY HEALTH & HISTORY (check all that apply)

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

MENTAL HEALTH (check all that apply)

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

OTHER MEDICAL CONDITIONS (check all that apply)

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

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

Is athlete pregnant? No Yes Expected Due Date _____ Month _____ Year

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

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

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

Medication/Vitamin/Supplement Name: _____ Dosage: _____ Times Per Day: _____
Medication/Vitamin/Supplement Name: _____ Dosage: _____ Times Per Day: _____
Medication/Vitamin/Supplement Name: _____ Dosage: _____ Times Per Day: _____

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

Athlete Medical Form – PHYSICAL EXAM

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



Athlete's First and Last Name: _____

MEDICAL PHYSICAL INFORMATION

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

Height	Weight	BMI (optional)	Temperature	Pulse	O 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, including overnight and out-of-town trips. 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 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.

MAY

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 - MUSTANG SOFTBALL	2 - ADULTS' DAY-IN 2 - AFTER SCHOOL	3 - ADULTS' DAY-IN - AFTER SCHOOL	4 - YOUNG ATHLETES - GARDEN CLUB
5	6 - ADULTS' DAY-IN - AFTER SCHOOL - LEGO RESORT	7 - ADULTS' DAY-IN 2 - AFTER SCHOOL - ICE CREAM SOCIAL	8 - ADULTS' DAY-IN - AFTER SCHOOL - MUSTANG SOFTBALL	9 - ADULTS' DAY-IN 2 - AFTER SCHOOL - CHEF CLUB	10 - ADULTS' DAY-IN - AFTER SCHOOL - CUSR AND PJS	11 - IMPROV CLUB
12 - PARKS AND FUN TOURS	13 - ADULTS' DAY-IN - AFTER SCHOOL	14 - ADULTS' DAY-IN 2 - AFTER SCHOOL - FILM 101	15 - ADULTS' DAY-IN - AFTER SCHOOL - MUSTANG SOFTBALL - 5 CORNER PROGRAM	16 - ADULTS' DAY-IN 2 - AFTER SCHOOL	17 - ADULTS' DAY-IN - AFTER SCHOOL	18 - MUSTANG OPEN GYM - YOUNG ATHLETES - GARDEN CLUB
19 - PARKS AND GRUB	20 - ADULTS' DAY-IN	21 - ADULTS' DAY-IN 2 - BIG SCREEN MOVIE NIGHT	22 - ADULTS' DAY-IN - MUSTANG SOFTBALL - CRAFTS & SNACKS	23 - ADULTS' DAY-IN 2 - AFTER SCHOOL	24 - ADULTS' DAY-IN - FLASH FUN FRIDAY	25 - SUMMER JAM - IMPROV CLUB
26 - DINE TIME	27 CLOSED	28 - ADULTS' DAY-IN 2 - A DAY IN SCIENCE	29 - ADULTS' DAY-IN - MUSTANG SOFTBALL	30 - ADULTS' DAY-IN 2	31 - TRIVIA	

JUNE

2024

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

SUN	MON	TUE	WED	THU	FRI	SAT
						1 - MUSTANG OPEN GYM - YOUNG ATHLETES - TIE-DYE PARTY
2 - CRAFT TIME - SWIM 'N SHADY	3 - SUMMER CAMP - ADULTS' DAY-IN - BIG SCREEN MOVIE NIGHT	4 - SUMMER CAMP - ADULTS' DAY-IN 2	5 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG SOFTBALL - MUSTANG BOWLING - 5 CORNER PROGRAM	6 - SUMMER CAMP - ADULTS' DAY-IN 2	7 - SUMMER CAMP - ADULTS' DAY-IN	8 - GARDEN CLUB
9 - SENSORY SUNDAY	10 - SUMMER CAMP - ADULTS' DAY-IN - POOL CLUB	11 - SUMMER CAMP - ADULTS' DAY-IN 2	12 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG SOFTBALL - MUSTANG BOWLING	13 - SUMMER CAMP - ADULTS' DAY-IN 2	14 - SUMMER CAMP - ADULTS' DAY-IN - TRIVIA	15 - MUSTANG OPEN GYM - YOUNG ATHLETES
16 - INTRO TO DANCE & CHEER	17 - SUMMER CAMP - ADULTS' DAY-IN - POOL CLUB	18 - SUMMER CAMP - ADULTS' DAY-IN 2	19 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG SOFTBALL - MUSTANG BOWLING	20 - SUMMER CAMP - ADULTS' DAY-IN 2 - ROYAL TEA PARTY	21 - SUMMER CAMP - ADULTS' DAY-IN	22 - GARDEN CLUB
23 - DANCE & CHEER	24 - SUMMER CAMP - ADULTS' DAY-IN	25 - SUMMER CAMP - ADULTS' DAY-IN 2 - VOLLEYBALL - 5 CORNER PROGRAM	26 - SUMMER CAMP - ADULTS' DAY-IN - SENSORY SWIM - MUSTANG SOFTBALL - MUSTANG BOWLING	27 - SUMMER CAMP - ADULTS' DAY-IN 2	28 - SUMMER CAMP - ADULTS' DAY-IN - TIE-DYE PARTY - GREAT WOLF LODGE TRIP	29 - MUSTANG OPEN GYM
30 - DANCE & CHEER - FOOT GOLF						

JULY

2024

SUN	MON	TUE	WED	THU	FRI	SAT
	1 - SUMMER CAMP - ADULTS' DAY-IN - SENSORY SWIM	2 - SUMMER CAMP - ADULTS' DAY-IN 2 - VOLLEYBALL	3 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG SOFTBALL - MUSTANG BOWLING	4 CLOSED	5 - SUMMER CAMP - ADULTS' DAY-IN	6 - THERAPEUTIC HORSEBACK RIDING - C-U DANCING - THE VOCAPELLAS
7 - DANCE & CHEER - FOOT GOLF	8 - SUMMER CAMP - ADULTS' DAY-IN - POOL CLUB	9 - SUMMER CAMP - ADULTS' DAY-IN 2 - VOLLEYBALL	10 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG SOFTBALL - MUSTANG BOWLING	11 - SUMMER CAMP - ADULTS' DAY-IN 2 - INDOOR MUSTANG PICKLEBALL	12 - SUMMER CAMP - ADULTS' DAY-IN - FLASH FUN FRIDAY	13 - THERAPEUTIC HORSEBACK RIDING - THE VOCAPELLAS - GARDEN CLUB
14 - DANCE & CHEER - SENSORY SUNDAY - DINE TIME - FOOT GOLF	15 - SUMMER CAMP - ADULTS' DAY-IN	16 - SUMMER CAMP - ADULTS' DAY-IN 2 - VOLLEYBALL	17 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG SOFTBALL - MUSTANG BOWLING	18 - SUMMER CAMP - ADULTS' DAY-IN 2 - BAND TOGETHER - INDOOR MUSTANG PICKLEBALL	19 - SUMMER CAMP - ADULTS' DAY-IN - CUSR AND PJS	20 - THERAPEUTIC HORSEBACK RIDING - THE VOCAPELLAS
21 - DANCE & CHEER - FOOT GOLF	22 - SUMMER CAMP - ADULTS' DAY-IN - POOL CLUB	23 - SUMMER CAMP - ADULTS' DAY-IN 2 - VOLLEYBALL	24 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG BOWLING	25 - SUMMER CAMP - ADULTS' DAY-IN 2 - INDOOR MUSTANG PICKLEBALL	26 - SUMMER CAMP - ADULTS' DAY-IN - S'MORES GALORE	27 - THERAPEUTIC HORSEBACK RIDING - GARDEN CLUB
28 - PARKS AND FUN TOURS	29 - SUMMER CAMP - ADULTS' DAY-IN	30 - SUMMER CAMP - ADULTS' DAY-IN 2- VOLLEYBALL	31 - SUMMER CAMP - ADULTS' DAY-IN - MUSTANG BOWLING - BAND TOGETHER			

AUGUST

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 - SUMMER CAMP - ADULTS' DAY-IN 2 - CHEF CLUB - INDOOR MUSTANG PICKLEBALL	2 - SUMMER CAMP - ADULTS' DAY-IN - FLASH FUN FRIDAY	3 - THE VOCAPELLAS
4	5 - SUMMER CAMP - ADULTS' DAY-IN - 5 CORNER PROGRAM	6 - SUMMER CAMP - ADULTS' DAY-IN 2 - VOLLEYBALL	7 - SUMMER CAMP - ADULTS' DAY-IN - SENSORY SWIM - MUSTANG BOWLING	8 - SUMMER CAMP - ADULTS' DAY-IN 2 - INDOOR MUSTANG PICKLEBALL	9 - SUMMER CAMP - ADULTS' DAY-IN	10 - THE VOCAPELLAS
11 - SENSORY SUNDAY	12 - ADULTS' DAY-IN	13 - ADULTS' DAY-IN 2 - VOLLEYBALL - BIG SCREEN MOVIE NIGHT	14 - ADULTS' DAY-IN - MUSTANG BOWLING	15 - ADULTS' DAY-IN 2 - 5 CORNER PROGRAM - INDOOR MUSTANG PICKLEBALL	16 - ADULTS' DAY-IN	17 - RAGING WAVES TRIP
18 - PARKS AND FUN TOURS	19 - ADULTS' DAY-IN	20 - ADULTS' DAY-IN 2 - VOLLEYBALL	21 - ADULTS' DAY-IN - MUSTANG BOWLING - CRAFTS & SNACKS	22 - ADULTS' DAY-IN 2 - INDOOR MUSTANG PICKLEBALL	23 - ADULTS' DAY-IN	24 - PROM
25	26 - ADULTS' DAY-IN	27 - ADULTS' DAY-IN 2 - VOLLEYBALL	28 - ADULTS' DAY-IN - MUSTANG BOWLING	29 - ADULTS' DAY-IN 2 - INDOOR MUSTANG PICKLEBALL	30 - FLASH FUN FRIDAY	31

THANK YOU TO OUR PROGRAM PARTNERS



Best Buddies
Black Dog Smoke & Ale House
Body N' Sole
Caring Family Dental
CMI
Community Choices
CU-Able
C-U Autism Network
Developmental Services Center (DSC)
Down Syndrome Network
**First Federal Savings Bank of
Champaign-Urbana**
Healing Horse Stables
Heartland Bank and Trust Company
INB
P.A.C.E.
Robbins Schwartz
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.





Champaign-Urbana Special Recreation

CUSR CENTER

2212 Sangamon Dr, Champaign, IL 61821

www.cuspecialrecreation.org
cusr@champaignparks.org

CUSR SUMMER GUIDE 2024: 150

VOLUNTEERS

THE HEART OF THE COMMUNITY

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

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



champaignparks.org/volunteer

