

# CUSR

CHAMPAIGN-URBANA SPECIAL RECREATION

PROVIDING  
QUALITY PROGRAMS  
FOR INDIVIDUALS  
WITH SPECIAL  
NEEDS



2025

# WINTER | SPRING GUIDE



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 26

**Phone:** 217-819-3980

**Relay:** 711

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

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

## Inclusive Programs through CUSR

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

## Program History

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

## Americans with Disabilities Act (ADA)

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

## CUSR STAFF



**Jarrod Scheunemann**  
DEPUTY EXECUTIVE DIRECTOR



**Christina Mott, CPRP**  
CUSR MANAGER



**Nikiaya Brandon**  
ADULT PROGRAM & EVENT  
COORDINATOR



**Tristan Elzy**  
YOUTH & TEEN COORDINATOR



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



**Crystal Garcia-Lyons**  
CUSR OFFICE MANAGER

## 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.

## TABLE OF CONTENTS

Youth & Teen Programs .....	5
Adult Programs.....	7
Adult Special Events .....	12
Athletics .....	16
Special Olympics.....	17
Registration Form.....	19
Waiver and Release .....	20
Special Olympic Medical Forms.....	21
Special Olympic Medical Referral Form....	24
CUSR Information.....	25
Winter/Spring Calendars.....	27
Program Partners .....	31
Volunteers .....	BC

## PROGRAM LOCATIONS

### CHAMPAIGN

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

Prairie Farm  
2202 W Kirby Ave.

Western Bowl  
917 Francis Dr.

### SAVOY

Old Orchard Lanes & Links  
901 N Dunlap Ave

### URBANA

Urbana Indoor Aquatic Center  
102 E Michigan

Phillips Recreation Center  
505 W Stoughton St





# 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](http://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 are limited due to staff shortages.

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



# YOUTH & TEEN

## CUSR Afterschool Programs

### 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.

**NEW!**  
**Champaign  
and  
Urbana  
Locations**

To reserve your spot, you may pay a \$10 non-refundable deposit per child, per month. The balance is to be paid in two installments on the 5th and 20th of each month by 5pm. If the deposit is not paid on time, the participant will be dropped and the space offered to wait-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)
Jan 8-31*	\$221/\$331.50
Feb 3-28*	\$247/\$370.50
March 3-31*	\$208/\$312
April 1-30*	\$286/\$429
May 1-28	\$234/\$351

**No Program:** Jan 20, Feb 17, March 17-21, May 26\*

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

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

**Location 1:** CUSR Center, Champaign

**Location 2:** Phillips Recreation Center, Urbana

**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 and independence, and expand knowledge of leisure activities.*

Day/Date	Fee (R/NR)
Monday, March 17	\$65/\$97.50
Tuesday, March 18	\$65/\$97.50
Wednesday, March 19	\$65/\$97.50
Thursday, March 20	\$65/\$97.50
Friday, March 21	\$65/\$97.50

**Time:** 8am-5pm

**Location:** CUSR Center

**Min/Max:** 6/12

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**



# YOUTH & TEEN

## Intro to Gymnastics

**NEW!**

**Ages 5-14**

Join us for Intro to Gymnastics, where participants will build strength, flexibility, balance, and coordination through foundational skills on a variety of gymnastics equipment. Our inclusive and supportive environment ensures that everyone has fun, gains confidence, and feels successful every step of the way!

**Date** January 14-February 18      **Time** 7:30-8:30pm

**Day:** Tuesday

**Location:** I-Power Academy

**Fee (R/NR):** \$48/\$72

**Min/Max:** 4/6

**Deadline:** 1 week prior to program

## 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. Need is the primary criteria upon which scholarship

applicants are considered. Early applications are given priority. Please apply 3-4 weeks before the program start date.

Applications are available online at <https://bit.ly/CUSRScholarships>.



## 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** April 12      **Time** 1-3:15pm

**Day:** Saturday

**Location:** Prairie Farm (an enclosed space)

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

**Min/Max:** 6/50

**Deadline:** 1 week prior to program



# ADULTS MULTI-DAY PROGRAMS

## Adults' Day-In Program

### Ages 19+

Let us fill your Mondays, Wednesdays, and Fridays 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)
Jan 3-31	\$225/\$372
Feb 3-28	\$270/\$405
Mar 3-31	\$203/\$304.50
Apr 2-30	\$270/\$405

**No Program:** Jan 1, Jan 20, March 17-21\*

**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

## 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 all five!

**GOALS:** Enhance socialization with peers.

Activity	Date	Day	Time
Hot Cocoa and Holiday Movie	January 6	Monday	5:30-6:30pm
V-Day Card Making	February 3	Monday	6-7pm
St. Patty Scavenger Hunt	March 4	Tuesday	5:30-6:30pm
Egg Dye Party	March 24	Monday	5:30-6:30pm
Gym Mini Golf	April 24	Thursday	5:30-6:30pm

**Location:** Meet at CUSR Center

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

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Adults' Day-In 2

### Ages 19+

Can't get enough of our Adults' Day-In Program? Do you want to participate in another 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)
Jan 2-30	\$90/1\$35
Feb 4-27	\$90/\$135
Mar 4-27	\$60/\$90
Apr 2-29	\$90/\$135

**No Program:** March 18-20\*

**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



# Sharing IS Beautiful

## Program Ideas

Looking to explore a new restaurant? Interested in catching a play or enjoying live music at a fresh venue? We're always eager to discover new ways to learn, grow, and have fun! If you have a new idea for a program let us know by calling 217-819-3980 or emailing [cusr@champaignparks.org](mailto:cusr@champaignparks.org).

## CUSR Picture Request

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

## Follow us on Facebook

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

# ADULTS SUNDAY

## Social Sundays

**NEW!**

**Ages 14+**

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

**GOALS:** Promotes healthy relationships and socialization.

Date	Theme	Fee (R/NR)
February 2	Pizza	\$23/\$34.50
March 9	Pie	\$23/\$34.50
April 6	Tacos	\$23/\$34.50

**Day:** Sunday

**Time:** 6-8pm

**Location:** CUSR Center

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**





# ADULTS MONDAY



## "Minute to Win It" Game Night

**NEW!**

**Ages 14+**

Get ready to compete in a series of fun, high-energy challenges where you'll have just 60 seconds to complete each task. From balancing acts to quick-thinking puzzles, every game will test your skills, creativity, and teamwork!

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

Date	Fee (R/NR)
January 20	\$14/\$21
February 24	\$14/\$21
March 10	\$14/\$21

**Day:** Monday

**Time:** 6-7pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

# ADULTS TUESDAY

## Musical Theater

**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 the show *Grab Your Partner and Do Si Do* written by Anita Stein.

**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, knowledge of theater and film, and theatrical skills.

Date	Fee(R/NR)
Feb 4-April 6*	\$108/\$162

**No Program:** March 11-14\*

**Day:** Tuesday/Thursday

**Time:** 6-8pm

**Performance:** April 5 & 6

Call time 5pm Saturday; 1pm Sunday

**Location:** CUSR Center

**Min/Max:** 10/20

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**



# ADULTS WEDNESDAY



## Wellness Warrior Club **NEW!**

**Ages 14+**

Join us as we explore how to keep our bodies healthy and energized! We'll engage in hands-on experiences, create nutritious snacks, and participate in fun activities that help us become our best selves.

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

**Date**                      **Fee(R/NR)**  
January 8-29      \$30/\$45

**Day:** Wednesday

**Time:** 5:45-7:45pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

# ADULTS THURSDAY

## The Movie Social

**Ages 14+**

Grab your friends and join us for a cozy movie night filled with laughter, great films, and your favorite snacks!

<b>Date</b>	<b>Movie</b>	<b>Fee(R/NR)</b>
January 9	Shrek 2	\$14/\$21
April 17	Alice in Wonderland	\$14/\$21

**Day:** Thursday

**Time:** 6-8pm

**Location:** Meet at CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

## Chef's Club

**Ages 16+**

Whether you're learning to cook or sharpening your culinary skills, this season is all about recreating fast food-inspired favorites. Grab your apron and get ready to whip up delicious dishes you'll love to make and eat!

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

<b>Date</b>	<b>Theme</b>	<b>Fee(R/NR)</b>
February 13	Chipotle	\$25/\$37.50
March 20	Buffalo Wild Wings	\$25/\$37.50
April 3	Subway	\$25/\$37.50

**Day:** Thursday

**Time:** 6-8pm

**Location:** Phillips Recreation Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**



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



**Join our email list!** Provide your email address on the registration form or subscribe at <https://cuspecialrecreation.com/contact/>



# 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 and turn-taking skills.

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

January 31	\$14/\$21
------------	-----------

February 7	\$14/\$21
------------	-----------

March 7	\$14/\$21
---------	-----------

**Day:** Friday

**Time:** 6-8pm

**Location:** CUSR Center

**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
------	-----------

January 17	Holiday Cookie-making
------------	-----------------------

February 21	Vision Board
-------------	--------------

March 28	Video Game Night
----------	------------------

April 11	Kahoot! (Trivia game)
----------	-----------------------

**Day:** Friday

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

**Location:** CUSR Center

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

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**

# ADULTS SATURDAY

## Cozy Club

**NEW!**

**Ages 16+**

Get ready to warm up your creativity as we design and make personalized, comfy blankets and pillows. Whether you're creating them for yourself or as gifts, this fun and relaxing activity is perfect for adding a handmade touch to your space. Let's get cozy and creative together!

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

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

January 11	\$20/\$30
------------	-----------

March 22	\$20/\$30
----------	-----------

**Day:** Saturday

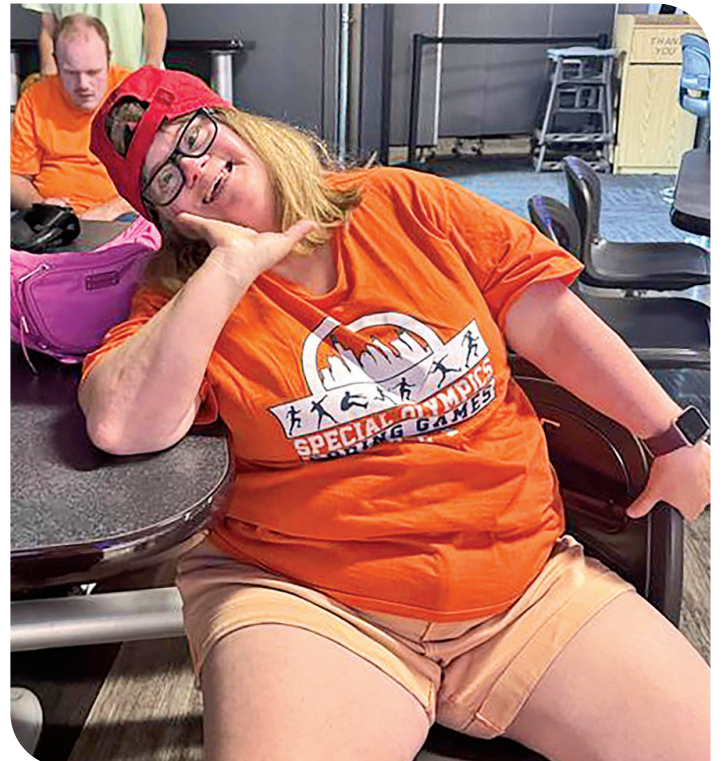
**Time:** 5-6:30pm

**Location:** CUSR Center

**Min/Max:** 4/15

**Deadline:** 1 week prior to program

**No Door-to-Door Transportation**



# JANUARY SPECIAL EVENTS



## New Year's After Party

**Ages 16+**

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

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

**Date**            **Day**  
January 4        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

## Laser Tag Party

**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**            **Day**  
January 18      Saturday

**Time:** 5:45-7:45pm

**Location:** CUSR Center

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

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

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



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



**Join our email list!** Provide your email address on the registration form or subscribe at <https://cuspecialrecreation.com/contact/>



# 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**            **Day**  
February 8      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

### Super Bowl Watch Party

**Ages 14+**

Whether you're a football fan or just in it for the commercials - this is a Watch Party you don't want to miss! Grab your favorite team jersey and head over to the CUSR Center for some Super Bowl snacks and a great game.

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

**Date**            **Day**  
February 9      Sunday

**Time:** 5:30pm

**Location:** CUSR Center

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

**Min/Max:** 6/15

**Deadline:** 1 week prior to program

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

### CUSR Friends & Family Fun Night

**Ages 14+**

Invite your friends and family for an evening of fun! Enjoy a variety of games and activities that everyone can take part in

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

**Date**            **Day**  
February 16     Sunday

**Time:** 4-6:30pm

**Location:** CUSR Center

**Fee(R/NR):** \$10/\$15 per person

**Min/Max:** 6/15

**Deadline:** 1 week prior to program



# MARCH SPECIAL EVENTS

## Race to Treasure Scavenger Hunt

**NEW!**

**Ages 14+**

Join us as we embark on a fun adventure filled with exciting tasks to discover the treasures that CUSR holds! You'll be split into two teams and compete against each other to find clues and items hidden throughout the scavenger hunt. Along the way, you'll solve puzzles and play mini-games to earn each clue, leading you closer to the ultimate treasure! May the best team win!

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

<b>Date</b>	<b>Day</b>
March 2	Sunday

**Time:** 4:30-5:30pm

**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.*

<b>Date</b>	<b>Day</b>
March 21	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.*

<b>Date</b>	<b>Day</b>
March 15	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

## Milwaukee Overnight Trip

**NEW!**

**Ages 21+**

Join CUSR for an exciting adventure to Milwaukee, Wisconsin, where we'll explore top attractions like Discovery World, the Harley-Davidson Museum, and the Mitchell Park Domes, plus enjoy some sightseeing. The trip fee includes all meals, admissions, and accommodations. A detailed itinerary with schedules and accommodation addresses will be sent out two weeks before we depart. Please note that souvenirs and alcohol are not covered by CUSR. We hope you'll join us for an unforgettable Milwaukee experience.

<b>Date</b>	<b>Day</b>
March 21-23	Friday-Sunday

**Time:** 9am Friday - 5:30pm Sunday

**Location:** CUSR Center

**Fee (R/NR):** \$700

**Min/Max:** 6/8

**Deadline:** 1 month prior to trip



# APRIL SPECIAL EVENTS

## The Great Egg Hunt

**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**                      **Day**  
April 12                      Saturday

**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

## Spring Formal

**Ages 16+**

It's that time of year again! CUSR is hosting our annual Spring Formal. This year's theme is "A Night in Paris." Dress in classic outfits inspired by the chic Parisian lifestyle, and dance the night away!

**GOALS:** Meet new people and enhance socialization.

**Date**                      **Day**  
April 19                      Saturday

**Time:** 6-8pm

**Location:** CUSR Center

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

**Min/Max:** 7/25

**Deadline:** 1 week prior to program

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

## FEATURED OUT OF TOWN PROGRAM



## CUSR Explorers

**Ages 18+**

It's time to hop on the CUSR bus for a great adventure. Try new food and exciting activities in nearby cities

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

**Date**                      **Destination**  
April 6                      Bloomington - Prairie Aviation Museum and Bowling  
April 27                      Springfield - Malibu Jacks and Zoo

**Day:** Sunday

**Time:** 11:30am-5pm

**Location:** CUSR Center

**Fee(R/NR):** \$70/\$105 per trip

**Min/Max:** 6/15

**Deadline:** 1 week prior to program



# ATHLETICS

## Strikes & Spares

### Ages 13+

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

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

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

Date	Day	Fee(R/NR)
Feb 3-24	Monday	\$64/\$96
March 3-31	Monday	\$64/\$96
April 7-28	Monday	\$64/\$96
Feb 5-26	Wednesday	\$64/\$96
March 5-26	Wednesday	\$64/\$96
April 2-30	Wednesday	\$64/\$96

**Time:** 4-5pm

**Location:** Old Orchard Lanes and Links

**Min/Max:** 4/16

**Deadline:** 1 week before program

**Home-Only Transportation:** \$65 for the three sessions. \$21.50 for just one session.



## 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	Day
February 5-March 26	Wednesday

**Time:** 5:15-6:45pm

**Location:** CUSR Center

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

**Min/Max:** 4/8

**Deadline:** 1 week before program

**No Door-to-Door Transportation**

## C-U Kiwanis Tom Jones Challenger League

### Ages 6-21

Information coming in the CUSR Summer Guide



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



**Join our email list!** Provide your email address on the registration form or subscribe at <https://cuspecialrecreation.com/contact/>



# SPECIAL OLYMPICS

## 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** January 21-May 29      **Day** Tuesday & Thursday

**Time:** 6:30-8pm

**Location:**

**Fee(R/NR):** \$85/\$127.50

**Min/Max:** 4/8

**Deadline:** January 14

**No Door-to-Door Transportation**

## 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** March 5-June 7      **Day** Wednesday

**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**

## 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 and gross motor coordination and improve goal-setting abilities and swimming strokes.

**Date** February 1-May 31\*      **Day** Saturday

**Time:** 4-5pm

**Location:** Urbana Indoor Aquatic Center

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

**Min/Max:** 4/8

**Deadline:** 1 week before program

**No Door-to-Door Transportation**

\*Medical Applications must be valid through June 17.



# 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 19, 2025**

**March 8-9, 2025**

**April 5, 2025**

**May 10, 2025**

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 uses a newer 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 a release of liability waiver regarding communicable diseases.

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



# REGISTRATION FORM



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

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

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

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

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

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

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

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

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

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

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

## Important Information

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

## Warning of Risk

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

## Waiver and Release of all Claims and Assumption of Risk

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

## Photographs

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

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

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

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

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

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

**20** Authorized Signature \_\_\_\_\_



# Athlete Medical Form – HEALTH HISTORY

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



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

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

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

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

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

## ATHLETE INFORMATION

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

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

Athlete Gender Identity:  Female  Male  Other

Athlete Ethnicity/Race:

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

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

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

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

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

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

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

## PARENT / GUARDIAN INFORMATION

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

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

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

Mailing Address (if different than athlete's):

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

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

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

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

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

# Athlete Medical Form – HEALTH HISTORY

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



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

## DIAGNOSED SYNDROMES (check all that apply)

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

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

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

## HEAD INJURY HISTORY (check all that apply)

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

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

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

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

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

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

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

## MENTAL HEALTH (check all that apply)

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

## OTHER MEDICAL CONDITIONS (check all that apply)

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

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

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

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

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

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

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

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



# Athlete Medical Form – PHYSICAL EXAM

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



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

## MEDICAL PHYSICAL INFORMATION

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

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

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

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

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

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

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

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

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

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

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

# Athlete Medical Form – MEDICAL REFERRAL FORM

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



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

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

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

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

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

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

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

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

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

Additional Examiner Notes/Restrictions:

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

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

**Examiner's Signature**

**Date**



# CUSR INFORMATION

## Program Cancellation Policy

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

## Inclement Weather Policy

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

## Late Pick-Up Policy

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

## Program Scholarships

Because some residents are unable to participate in recreation programs due to economic hardship, CUSR provides a scholarship policy to reduce certain fees and charges. Scholarship applications are not guaranteed and are based on available funds, program registration, or choice of program location. Early applications are given priority. Please apply 3-4 weeks before the program start date. Applications are available at the CUSR office and can be mailed upon request. Need is the primary criteria upon which scholarship applicants are considered. Scholarships are not available for transportation and specifically identified programs. For more information, call 217-819-3980. **Payment plans available to all. ALL monies owed must be paid prior to next season registration accepted.**

## Satisfaction Guaranteed

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

## Extreme Temperature Policy

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

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

## Participant Expectations

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



# CUSR INFORMATION

CONTINUED

## Discipline

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

## Behavior Code

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

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

## Insurance

Individual accident liability insurance is not provided by CUSR.

## Dishonored Checks

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

## Emergency Contacts

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

## Atlanto-Axial Subluxation

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

## CUSR Transportation

Our door-to-door routes 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

# 2025

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

SUN	MON	TUE	WED	THU	FRI	SAT
5	6 ADULTS' DAY-IN NO AFTER SCHOOL 5 CORNER PROGRAM	7 ADULTS' DAY-IN 2 NO AFTER SCHOOL	8 ADULTS' DAY-IN AFTER SCHOOL WELLNESS WARRIOR CLUB	9 ADULTS' DAY-IN 2 AFTER SCHOOL THE MOVIE SOCIAL	10 ADULTS' DAY-IN AFTER SCHOOL	11 COZY CLUB
12	13 ADULTS' DAY-IN AFTER SCHOOL	14 ADULTS' DAY-IN 2 AFTER SCHOOL	15 ADULTS' DAY-IN AFTER SCHOOL WELLNESS WARRIOR CLUB	16 ADULTS' DAY-IN 2 AFTER SCHOOL	17 ADULTS' DAY-IN AFTER SCHOOL FLASH FUN FRIDAY	18 LASER TAG PARTY
19	20 CUSR CLOSED	21 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	22 ADULTS' DAY-IN AFTER SCHOOL WELLNESS WARRIOR CLUB	23 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	24 ADULTS' DAY-IN AFTER SCHOOL	25
26	27 ADULTS' DAY-IN AFTER SCHOOL	28 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	29 ADULTS' DAY-IN AFTER SCHOOL WELLNESS WARRIOR CLUB	30 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	31 ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING	



# FEBRUARY

2025

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

SUN	MON	TUE	WED	THU	FRI	SAT
<b>2</b> SOCIAL SUNDAYS	<b>3</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES 5 CORNER PROGRAM	<b>4</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>5</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS	<b>6</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>7</b> ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING	<b>8</b> AQUATICS VALENTINE'S DAY DANCE
<b>9</b> SUPERBOWL WATCH PARTY	<b>10</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	<b>11</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>12</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS	<b>13</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING CHEF'S CLUB MUSICAL THEATER	<b>14</b> ADULTS' DAY-IN AFTER SCHOOL	<b>15</b> AQUATICS
<b>16</b> CUSR FRIENDS & FAMILY FUN NIGHT	<b>17</b> ADULTS' DAY-IN NO AFTER SCHOOL STRIKES & SPARES	<b>18</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>19</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS	<b>20</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>21</b> ADULTS' DAY-IN AFTER SCHOOL FLASH FUN FRIDAY	<b>22</b> AQUATICS
<b>23</b>	<b>24</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	<b>25</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>26</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES SOCCER SKILLS	<b>27</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>28</b> ADULTS' DAY-IN AFTER SCHOOL	

# MARCH

# 2025

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

SUN	MON	TUE	WED	THU	FRI	SAT
<b>2</b> RACE TO TREASURE SCAVENGER HUNT	<b>3</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	<b>4</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER 5 CORNER PROGRAM	<b>5</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES TRACK AND FIELD SOCCER SKILLS	<b>6</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>7</b> ADULTS' DAY-IN AFTER SCHOOL KARAOKE & DANCING	<b>8</b> AQUATICS
<b>9</b> SOCIAL SUNDAYS	<b>10</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	<b>11</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	<b>12</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES TRACK AND FIELD SOCCER SKILLS	<b>13</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	<b>14</b> ADULTS' DAY-IN AFTER SCHOOL	<b>15</b> AQUATICS ST. PATTY'S DAY PARTY
<b>16</b>	<b>17</b> SPRING BREAK CAMP STRIKES & SPARES	<b>18</b> SPRING BREAK CAMP POWER LIFTING MUSICAL THEATER	<b>19</b> SPRING BREAK CAMP STRIKES & SPARES TRACK AND FIELD SOCCER SKILLS	<b>20</b> SPRING BREAK CAMP POWER LIFTING MUSICAL THEATER CHEF'S CLUB	<b>21</b> SPRING BREAK CAM DONUTS AND FREE-THROWS P	<b>22</b> AQUATICS
<b>23/30</b>	<b>24/31</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES 5 CORNER PROGRAM <i>(24th only)</i>	<b>25</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>26</b> ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES TRACK AND FIELD	<b>27</b> ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MUSICAL THEATER	<b>28</b> ADULTS' DAY-IN AFTER SCHOOL FLASH FUN FRIDAY	<b>29</b> AQUATICS

# APRIL

30

# 2025

**CUSR** CHAMPAIGN-JRBANA  
SPECIAL RECREATION  
**QUALITY PROGRAMS FOR INDIVIDUALS  
WITH SPECIAL NEEDS**  
2-17-819-3980 [cusr@champaignparks.org](mailto:cusr@champaignparks.org)

SUN	MON	TUE	WED	THU	FRI	SAT
6 EXPLORER TRIP	7 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	8 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	9 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES TRACK AND FIELD	10 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	11 ADULTS' DAY-IN AFTER SCHOOL FLASH FUN FRIDAY	12 AQUATICS SENSORY EGG HUNT THE GREAT EGG HUNT
13	14 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	15 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	16 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES TRACK AND FIELD	17 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING MOVIE SOCIAL	18 ADULTS' DAY-IN AFTER SCHOOL	19 AQUATICS SPRING FORMAL
20	21 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	22 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	23 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES TRACK AND FIELD	24 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING 5 CORNER PROGRAM	25 ADULTS' DAY-IN AFTER SCHOOL	26 AQUATICS
27 EXPLORER TRIP	28 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES	29 ADULTS' DAY-IN 2 AFTER SCHOOL POWER LIFTING	30 ADULTS' DAY-IN AFTER SCHOOL STRIKES & SPARES TRACK AND FIELD			



# THANK YOU TO OUR PROGRAM PARTNERS & SPONSORS

Best Buddies  
Black Dog Smoke & Ale House  
Community Choices  
CU-Able  
C-U Autism Network

Developmental Services Center (DSC)  
Down Syndrome Network  
P.A.C.E.  
Special Olympics Illinois  
Stephens Family YMCA





Champaign-Urbana Special Recreation

**CUSR CENTER**

2212 Sangamon Dr, Champaign, IL 61821

[www.cuspecialrecreation.org](http://www.cuspecialrecreation.org)  
[cusr@champaignparks.org](mailto:cusr@champaignparks.org)

CUSR WINTER/SPRING GUIDE 2025: 150

# VOLUNTEERS

## THE HEART OF THE COMMUNITY

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

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



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

