

SUMMER 2020

CONNECTIONS

IN-PERSON PROGRAMMING



JULY 20–AUG 15

OUR MISSION CONTINUES...



...EVERYWHERE!

**Now offering in-person programming!
Come together with your SEASPAR friends
and staff in a safe environment.**

MESSAGE FROM THE DIRECTOR

In-Person Programming



Welcome to SEASPAR's first Connections issue dedicated solely to in-person programming. From the beginning, our goal has been to offer you safe recreational opportunities. Thanks to the recent transition into the Restore Illinois Plan's Phase 4, we can now begin offering programs designed to get you out of the house.

As we transition into Phase 4, our goal is to provide in-person programs safely. Our staff is excited about the reintroduction of in-person programming and cannot wait to make the first step toward normalcy. We remain diligent and will go above and beyond the standards set by guidelines provided by local, state, and federal authorities. As Executive Director, my duty is to ensure the safety of all who choose to be a part of SEASPAR's summer programming. That is why we established a set of guidelines all must follow to ensure the safety of everyone. While the contents of this guide are created with everyone in mind, participation eligibility will be established on a case-by-case basis. Please make sure to complete your Participation Assessment prior to registration. You may complete your assessment online at SEASPAR.org/participant-assessment or by calling 630.960.7600.

Finally, I'd like to thank everyone for their continued support. While we are not out of the woods just yet, we can proudly say that our journey to this point was made much easier thanks to people like you. I'm happy to be taking this step forward and hope you will be able to join us.

Here's to another step forward and more to come!

A handwritten signature in black ink, appearing to read "Matthew Corso".

Matthew Corso
SEASPAR Executive Director

PROGRAMMING ELIGIBILITY

In-Person Programming

As we transition into Phase 4 of Restore Illinois Plan, we are anxious to offer/provide limited face-to-face programs. It is imperative we take every precaution and preventative measure to keep our participants and staff safe, and avoid the spread of COVID-19 to anyone.

For the remainder of 2020, SEASPAR will be evaluating in-person program opportunities and will provide program information and registration periods in place of seasonal guides and registration periods. The first session of in-person programming will run from July 20–August 15 and will supplement the current virtual programs, which will continue throughout the year.

As we prepare to return to in-person programming, we have established new eligibility and safety guidelines for staff and participants. Participants interested in registering for in-person programming will be required to complete an assessment to determine eligibility. Once the assessment is submitted, staff will review the assessment, pair it with recent experience with the participant (if any), and call families to ask any additional questions staff may have and ultimately to let them know the outcome. As always, evaluations of reasonable accommodations are made on a case-by-case basis to ensure that SEASPAR has as much information as possible about the specifics of the request being made, and SEASPAR retains the right at all times to re-evaluate participation when a situation is creating a direct threat of safety.

To determine eligibility for in-person programs, a Participant Assessment must be completed prior to registration. The registration deadline for in-person programming is July 15.

Participant Eligibility

- Ability to maintain a 6-foot physical distance from other participants and staff
- Ability to properly put on, wear, and take off a face covering when necessary, for the duration of the program
- Independent personal care (i.e. hygiene, toileting, feeding)
- Ability to participate with visual and verbal prompting within a ratio of one staff to four participants
- Ability to follow the SEASPAR Code of Conduct and other pre-determined guidelines

Wellness Questionnaire

As part of the registration process, participants and/or caregivers are committing to the guidelines set forth by CDC and the Illinois Department Public Health (IDPH). Prior to program, participants/caregivers will be asked to review the Wellness Questionnaire. The same questions will be asked upon arrival to the program.

- Does the participant have a temperature of 100.4 or higher?
- Is the participant experiencing any of the following conditions:
 - Cough or upper respiratory pressure?
 - Muscle aches?
 - Shortness of breath?
 - Sore throat?
 - Diarrhea?
- Has participant been exposed to anyone who has tested positive to COVID-19? How recent? More recent than 30 days?
- Is anyone in your household experiencing symptoms/sick?
- The answer to all the above should be NO. They can then proceed to participate.

PROGRAMMING ELIGIBILITY

In-Person Programming

Although recreation programs always have an inherent risk, SEASPAR has taken several measures to promote safety and wellness in our in-person programs at this time.

- Program capacity will be a maximum of 15 individuals inclusive of staff and participants.
- Participants and staff must perform the Wellness Questionnaire at home every day prior to arrival at program. The Wellness Questionnaire will again be provided upon arrival at the program location.
- Face coverings must be worn by participants and staff at all times. The only exception to this is when the program is outside, and staff and participants can maintain physical distancing of at least 6 feet.
- Participants must provide their own face covering.
- Staff will develop a pick-up and drop off system for each program to ensure proper physical distancing. Parents and caregivers must wear face coverings and stay in their vehicle when dropping off and picking up participants.
- Participants must adhere to a strict hand washing schedule.
- Staff will clean and disinfect frequently touched surfaces (table tops, door handles, etc.) before and after activities and in between uses of different individuals.
- Participants will be provided a supply kit to limit the need for sharing.
- Toys and learning tools not able to be sanitized will not be used.
- The use of playground equipment is not currently permitted.
- SEASPAR will take measures to promote 6 foot physical distancing, such as seat assignments, outdoor activities, barriers, and traffic flow patterns.
- Participants and staff displaying symptoms of illness during the program will be removed from the group, and an approved adult will be required to pick them up within 30 minutes of notification. Participants will be supervised by staff while removed from the group. Participants will be required to have multiple emergency contacts to ensure that someone is available to pick them up if the need arises.
- Participants who have been exposed in close contact to someone with confirmed COVID-19 may only return to program after it has been 14 days from the time of the exposure.
- Participants diagnosed with or exhibiting symptoms of COVID-19 may only return to program after it has been 10 days from the time they have experienced symptoms, do not have a fever for 3 days (without taking medication to reduce fever), and have improvement in their respiratory symptoms (cough, shortness of breath). Alternately a participant may return to program after 2 negative COVID-19 tests in a row, with testing done 24 hours apart.
- If participants have illnesses like allergies, or other non-contagious conditions that may appear similar to a contagious illness, a note from a physician stating they are not contagious is required prior to attending program.
- To protect your participant and those they interact with, participants that do not adhere to program rules and the above guidelines may be removed from the program.

REGISTRATION

In-Person Programming



REGISTRATION OPTIONS

- Online:** SEASPAR.org
- By Fax:** 630.960.7601
- In Person:** SEASPAR
4500 Belmont Road
Downers Grove, IL 60515

Registration procedures are located on pages 21-23.

AIF and registration forms are located on pages 24-28.



Registration opens on Wednesday, July 1, and closes on Wednesday, July 15 at 4:30pm.



OFFICE HOURS

Monday–Friday, 8:30am–4:30pm
Recorded Message After Hours

Visitors are welcome from 9:00am–4:00pm. Masks are required and there is a limit of three people per visit.

4500 Belmont Road
Downers Grove, IL 60515
630.960.7600 • 630.960.7605 TDD
630.960.7601 Fax

CONTACT US

In-Person Programming



WE'RE HERE TO HELP!

Our goal is to make participation in your favorite SEASPAR programming as effortless as possible. While changes sometimes present new challenges, we want you to know, we're here to help.

Do not hesitate to contact SEASPAR with your questions.

BY PHONE

630.960.7600
630.960.7605 TDD

BY EMAIL

Info@seaspar.org

SOCIAL MEDIA

facebook.com/SEASPAR
twitter.com/SEASPAR
instagram.com/weareseaspar

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Day Program Manager

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Support Staff Manager

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In-Person Programming

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PROGRAMMING

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PROGRAM DIRECTORY

In-Person Programming: Summer 2020

Program/Event	Age	Days/Date	Page #
Walking Club West	8+	Tuesdays	10
Walking Club East	8+	Wednesdays	11
Outdoor Games	16+	Thursdays	12
Gardening Club	8+	Fridays	13
Scavenger Hunt	8+	Saturday, August 8	14

Not Ready for In-person Programming?

SEASPAR offers a wide selection of virtual programming for people of all ages. Click on the image below to browse the Virtual Programming edition of CONNECTIONS.

TUESDAY

In-Person Programming



WALKING CLUB WEST

There's no excuse not to lace up your shoes! Get your heart pumping as we enjoy a socially distant walk with your friends at McCollum Park in Downers Grove.

Audience 8 years and up
 Location McCollum Park, Downers Grove
 Fee \$30

Code	Day(s)	Time	Date(s)
1-081-02-1	T	4:45–5:30pm	7/21–8/11

11

WEDNESDAY

In-Person Programming



WALKING CLUB EAST

Lace up your sneakers and let's get healthy with our friends while enjoying a socially distant walk at Kiwanis Park in Brookfield.

Audience 8 years and up
Location Kiwanis Park, Brookfield
Fee \$30

<u>Code</u>	<u>Day(s)</u>	<u>Time</u>	<u>Date(s)</u>
1-081-03-1	W	4:45–5:30pm	7/22–8/12

THURSDAY

In-Person Programming



OUTDOOR GAMES

Time to get outside and PLAY! Meet up with your SEASPAR friends for some laughter and games. Each week we will meet at the park and play games together while practicing safe social distancing.

Audience 16 years and up
 Location Ty Warner Park, Westmont
 Fee \$30

Code	Day(s)	Time	Date(s)
1-081-04-1	TH	3:45–4:30pm	7/23–8/13

13

FRIDAY

In-Person Programming



GARDENING CLUB

Let's get outside and learn how to take care of a garden together. Each week you will receive weekly gardening instruction through hands-on, fun gardening activities. Participants do not need to bring any gardening materials. All plants, seeds, fertilizer, tools, and materials are provided

Audience 8 years and up
Location Community Park, Darien
Fee \$40

<u>Code</u>	<u>Day(s)</u>	<u>Time</u>	<u>Date(s)</u>
1-081-05-1	F	3:30–4:15pm	7/24–8/14

14

SATURDAY

In-Person Programming



SCAVENGER HUNT

Are you looking for a fun way to spend more time outdoors? We've gathered up some great clues for a scavenger hunt with your friends that's not only fun but also keeps us moving!

Audience 8 years and up
Location McCollum Park, Downers Grove
Fee \$15

<u>Code</u>	<u>Day(s)</u>	<u>Time</u>	<u>Date(s)</u>
1-082-01-1	SA	10:30–11:15am	8/8

PROGRAM POLICIES

In-Person Programming

ADA Statement

SEASPAR is committed to accessibility for all individuals with disabilities, and strives to comply with the 1990 Americans with Disabilities Act by providing reasonable accommodations for all individuals. Please advise SEASPAR of any special assistance or accommodation required to participate in programs. To request this program guide in an alternative format, please contact Morgan Mason at mmason@seaspar.org.

Annual Information Forms

SEASPAR requires that all participants complete an Annual Information Form (AIF) each calendar year. Individuals without a current AIF on file will not be permitted to participate. You do NOT need to submit an AIF each season, only once per year.

The Annual Information Form is available on **pages 23–25**, or may be submitted online at SEASPAR.org.

Parents, guardians, or caregivers are responsible for informing SEASPAR of any changes to this information but do NOT need to submit a new Annual Information Form if one was previously submitted for 2020.

Check In

Staff will develop a pick-up and drop off system for each program to ensure proper physical distancing. Parents and caregivers must wear face coverings and stay in their vehicle when dropping off and picking up participants.

Note: SEASPAR staff are not responsible for supervision of participants prior to the start of the program.

PROGRAM POLICIES

In-Person Programming

Code of Conduct

Participants, staff, volunteers, and parents are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to make SEASPAR's programs safe and enjoyable for everyone. Additional rules may be developed for particular programs and events as deemed necessary by the staff. Staff, participants, volunteers, and parents shall: show respect to all participants, staff, volunteers, and parents; refrain from using foul or inappropriate language; and represent SEASPAR in a manner that is consistent with the goals, objectives, and ethics of the association.

Discipline

SEASPAR applies a caring, positive approach to discipline. When Code of Conduct expectations are not met, staff will attempt reasonable accommodations to minimize future risks and help the participant to meet behavior expectations. However, when accommodations are attempted and are unsuccessful, or when unsafe or otherwise inappropriate behavior occurs, SEASPAR reserves the right to dismiss a participant whose behavior continues to be unsafe or otherwise inappropriate or whose behavior endangers the safety of him/herself or others.

PROGRAM POLICIES

In-Person Programming

Fee Assistance Program

SEASPAR is in a position to offer scholarships for a percentage of fees to our families with financial restrictions because we believe all residents, regardless of financial limitations, should have access to SEASPAR programs. Participants in need of financial assistance may obtain a Fee Assistance Program Application by visiting our website at SEASPAR.org or calling 630.960.7600.

Late Registration

The registration deadline is Wednesday, July 15 at 4:30 pm. Many programs fill quickly, and registering by the deadline is the best way to avoid being put on a waiting list.

Participant Expectations

Please refer to pages 6-7 for specific COVID-19 prevention expectations for participants.

SEASPAR provides leisure opportunities for individuals with disabilities, and while participating in our programs, we stress socialization skills, appropriate behavior, and personal appearance. For the dignity and acceptance of individuals with disabilities, and for their overall self-esteem and enjoyment in community outings, the staff has developed a list of participant expectations. We ask that you assist us in fulfilling these basic guidelines. The participant guidelines were developed for the betterment of our participants, their self-esteem, and socialization.

- Clean, dry clothing.
- No bowel/bladder problems upon arrival at the program. If this is a concern, extra clean clothing, cleanup supplies, and Depends garments must be sent with the participant.
- Attention to body odors (should smell fresh).
- Appearance should be clean.
- Appropriate attire for program participation (gym shoes, warm-ups, or loose-fitting clothing for athletic, sports, or exercise programs). If you have a question about attire, call us at 630.960.7600.

Staff will be consistent in stressing personal hygiene while participants are at programs.

PROGRAM POLICIES

In-Person Programming

Photograph/Video Policy

By registering yourself or your child/ward in a SEASPAR program or event, you consent that SEASPAR has the right to photograph or film you or your child/ward and use the photos/videos for any purpose in any medium of communication, without compensation. If there is a specific reason you or your child/ward cannot be photographed, please contact us.

Program Cancellations

- A program may be canceled if the program minimum enrollment is not met.
- If a participant cannot attend a program, he/she cannot send a substitute in his/her place.

Weather Cancellations

In-person programs may be cancelled due to inclement weather. To check the status of a program, call the SEASPAR office at 630.960.7600 one to two hours before the program begins, or between 4:00–4:30 pm for evening programs. If a program is cancelled, staff attempt to reach all participants by phone to inform them of the cancellation. Programs cancelled due to inclement weather are not rescheduled.

Severe Summer Weather Guidelines for Cancelling Programs

Programs are cancelled when the heat index reaches or exceeds 100°.

All programs are cancelled when a tornado warning is in effect for the surrounding area. SEASPAR uses discretion for all other weather watches and warnings.

PROGRAM POLICIES

In-Person Programming

Wellness Guidelines

Please refer to pages 6-7 for specific COVID-19 wellness guidelines.

In consideration of other participants and staff, and to prevent the spread of contagious illnesses, it is recommended that participants refrain from attending programs when any of the following conditions exist:

- Fever of 100° or higher within the last 24 hours.
- Vomiting within the last 24 hours.
- Persistent diarrhea in conjunction with other symptoms.
- Contagious rash or a rash of unknown origin.
- Persistent cough and/or cold symptoms.
- Eye infections or discharge from the eye.
- Symptoms of mumps, measles, chicken pox, strep throat, flu, impetigo, or Coxsackievirus.
- Fatigue due to illness that hinders participation in a program.
- Runny nose with yellow or green discharge.
- Lice or mites.

Please notify SEASPAR if the participant contracts any contagious illness that will affect attendance at a program. Participants should return to programs at the doctor's recommendation, or, if not under a doctor's care, when the symptoms have clearly passed.

LET'S GET SOCIAL



SEASPAR is on all your favorite social media sites.

REGISTRATION PROCEDURES

In-Person Programming

Registration opens on Wednesday, July 1, and closes on Wednesday, July 15 at 4:30pm. Registration for in-person programming is lottery-based and enrollment is not guaranteed. Confirmations will be emailed on July 16 and 17.

Assessments

To determine eligibility for in-person programs, a Participant Assessment must be completed prior to registration. The registration deadline for in-person programming closes July 15. A Participant Assessment may be completed online at SEASPAR.org/participant-assessment or by calling 630.960.7600.

Online Registration

To register online, visit SEASPAR.org. **All in-person programming participants must complete a Participant Assessment Form prior to registration.** For first-time online registrants must call SEASPAR at 630.960.7600 or email adminstaff@seaspar.org for a user name, password, and instructions. The online registration requirements are:

- Must have successfully completed a Participant Assessment
- Must be a SEASPAR resident
- Must have no outstanding balance
- Must have 2020 Annual Information Form on file
- Full credit card payment is required at the time of registration

In-Person/Fax/Email Registration

- **All participants must complete a Participant Assessment prior to registration for in-person programming.**
- Complete both sides of the registration form and sign it.
- Drop off your registration form and payment at the SEASPAR office, 4500 Belmont Road in Downers Grove (for after-hours convenience, there is a mail slot at the office entrance) **OR**
- Fax registration form with credit card information completed to 630.960.7601 **OR**
- Email registration form with credit card information completed to adminstaff@seaspar.org.
- All participants must have a 2020 Annual Information Form on file.
- Full payment must be received with the registration unless other arrangements have been made. Payment may be made by check, money order, cash, or credit card.
- Registrations received after the registration deadline are accepted if space is available.

REGISTRATION PROCEDURES

In-Person Programming

Credit/Refund Procedures

- Credits from previously cancelled/waitlisted programs are held on the participant's account unless SEASPAR is otherwise directed.
- Credits are automatically applied to future registrations. To check the balance of your credit, call SEASPAR at 630.960.7600 or email adminstaff@seaspar.org.
- A full account credit is issued if a program is canceled by SEASPAR.
- In order for a participant to drop from a program, SEASPAR must be notified five business days prior to the start of the program to qualify for a credit. At that time, the participant will be credited the cost of the program less a \$5 processing fee, the cost of a ticket (if applicable, unless a participant on the waiting list registers), contracted services, or specialized non-refundable supplies.
- A prorated credit is issued if a written medical excuse accompanies the credit request.
- No credit is given if a program is postponed due to low enrollment. If the program is subsequently canceled, a full credit is given.
- If a participant chooses to cancel from a program after the season has begun, a prorated credit is issued, less a \$5 processing fee and ticket price, if applicable.
- To request the refund of a credit, call 630.960.7600 or email adminstaff@seaspar.org. All refunds are issued monthly.

YOU SHOP. AMAZON GIVES.

Did you know your next Amazon.com order can **support SEASPAR's** programs and activities? Simply shop at smile.amazon.com, select **SEASPAR** as your charity of choice, and AmazonSmile will donate a portion of your purchase to SEASPAR **at no cost to you!**

REGISTRATION PROCEDURES

In-Person Programming



En Español

La Aplicación de Información Anual, Aplicación del Programa de Asistencia de Tarifas y el Formulario de Inscripción son disponible en español. Para obtener ayuda en español, envíenos un correo electrónico a info@seaspar.org.



All the Forms, Online!

You can fill out many of our participant forms on our website!



Annual Information Form

[Click here to access](#)



2020 Summer Registration Form

[Click here to access](#)

Visit SEASPAR.org/Forms to access all online forms.

**2020 Annual
Information Form**



For office use only	
PDF _____	Date _____
RecTrac _____	Date _____
Details/Status _____	Date _____

Participant Name _____ Age _____ Birth Date _____ Gender _____

Address _____ City _____ Zip _____

Home Phone _____ Park District _____

Parent 1 Name _____ Cell # _____ Work # _____ Email _____

Parent 2 Name _____ Cell # _____ Work # _____ Email _____

Guardian Name _____ Cell # _____ Work # _____ Email _____

School _____ District # _____ Teacher _____ Permission to Consult with Teacher Yes No

Group Home/Residential Facility _____ Permission to Consult with Case Worker Yes No

Manager/Caseworker _____ Manager/Caseworker # _____

Weekend and/or Emergency # _____

Emergency Contact/Transportation Permission
(other than parents/guardian)

Name _____ Relationship _____ City _____ Transportation? Yes No

Home # _____ Cell # _____ Work # _____

Name _____ Relationship _____ City _____ Transportation? Yes No

Home # _____ Cell # _____ Work # _____

Transportation Permission in SEASPAR Vehicle? Yes No

Transportation Locations (Pickup/Drop Off) Denning Park Lemont SEASPAR Varies

Independent Departure (18 years or older) Is able to wait independently? Yes No Is able to go home on his/her own? Yes No

This permission applies to all programs? Yes No If no, please specify _____

Behavior/Communication

<input type="checkbox"/> Attention seeking	<input type="checkbox"/> Fear	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Spitting
<input type="checkbox"/> Biting	<input type="checkbox"/> Hair pulling	<input type="checkbox"/> Pinching	<input type="checkbox"/> Steals
<input type="checkbox"/> Defiance/refusal	<input type="checkbox"/> Hitting/kicking	<input type="checkbox"/> Removal of clothing	<input type="checkbox"/> Tantrums/meltdowns
<input type="checkbox"/> Difficult transitions	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Runs/wanders	<input type="checkbox"/> Throwing objects
<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Inappropriate touching	<input type="checkbox"/> Self-abusive	<input type="checkbox"/> Verbal outburst
<input type="checkbox"/> Other _____			

Complies with verbal requests and directions Responds to specific verbal/non-verbal directions Responds to positive reinforcement

Does participant have a specific behavior plan? Yes No (If yes, please attach)

Method of communication: Communication board Facilitated communication

Alternative communication Sign language Other _____

Please indicate any sensory needs the participant may have _____

Additional Information _____

Medical Information

Medical Conditions

Disability/Diagnosis _____

Allergies Yes No (include food allergies and reactions) _____

Dietary restrictions Yes No (not allergies) _____

Blood disorder Yes No _____

Diabetes Yes No (If YES, a Diabetes Plan is required)

Down Syndrome Yes No ASC testing result? Positive Negative Not tested

G-Tube Yes No (If YES, please attach instructions)

Hearing Impaired Yes No _____

Heart Condition Yes No _____

Seizures Yes No (If YES, a Seizure Plan is required)

Visually Impaired Yes No

Other (asthma, chronic illness, etc.) _____

Medications (list all prescription medications taken, even if not taken at program)

Drug Name (Brand/Generic)	Dose	Time	Reason	Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Please attach sheet with additional medications if needed.**

Is participant responsible for self medication at programs? Yes No

Does staff need to remind participant to take medication? Yes No

I understand that it is my responsibility to give the medication directly to the SEASPAR staff with instructions in individual **clearly labeled envelopes**. In all cases, medication dispensing can only be changed or modified by amending this form. I hereby acknowledge that the above information provided for the dispensing of medication for the participant is accurate. I also understand that it is my responsibility to inform SEASPAR if any changes in the dispensing of medication occur. In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to SEASPAR to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to the participant. In consideration of SEASPAR administering medication, I hereby fully release or discharge SEASPAR, and its officers, agents, employees, and volunteers from any and all claims from injuries, damages and losses the participant may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend SEASPAR, its officers, agents, employees, and volunteers from any and all claims resulting from injuries, damages, and losses sustained by the participant and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent/Guardian Signature _____ Date _____

Participant Signature (over 21) _____ Date _____

Personal/Physical Requirements

Assistive Devices

Wheelchair Yes No Type Manual Electric Transport only in wheelchair? Yes No

Does participant need assistance with transfers? Yes No (If YES, a Transfer Plan is required)

Transfer to chair or floor? Yes No Transfer to seat in theater or restaurant? Yes No

Please indicate if used: Stroller Walker Cane/Crutches Prosthetic Device AFOs Other _____

Service Animal (please describe) _____

What level of assistance does participant need?	Full	Moderate	Independent	Details
Eating/Drinking (cuts food, uses straw, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting (diapers, catheter, wiping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing/Undressing (tying shoes, pulling up swimsuit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money Handling (monitor for correct change, no concept, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading (comprehension level, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility (keeping track of belongings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety (crossing street, water safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please select swimming ability Cannot swim Needs personal flotation device

Can swim one length of pool without flotation device Competitive/multi-lap independent swimmer

Please indicate bowling need Ramp Bumpers

Sports Programs/Day Camp

Height _____ Weight _____ Shoe Size _____

T-Shirt Size: Child Adult

Small Medium Large XL 2XL 3XL 4XL

Shorts Size: Child Adult

Small Medium Large XL 2XL 3XL 4XL

Please list any information concerning the participant that would aid staff in ensuring a safe and enjoyable program for him/her. Remember, the more you tell SEASPAR, the better we can meet each participant's needs.

Indicate friends attending SEASPAR _____

Parent/Guardian Signature _____ Date _____

Participant Signature (over 21) _____ Date _____

Summer 2020 Registration Form: In-Person Programming

STOP!

You must complete a Participant Assessment prior to registration.

Participant's Name _____ Age _____ Birth Date _____

Please print your program selection(s) in the table below. Attach additional sheets if necessary.

Program Name	Program Number						Fee				
<i>Example: Walking Club West</i>	1	-	0	8	1	-	0	2	-	1	\$ 20.00
		-			-			-			\$
		-			-			-			\$
		-			-			-			\$
		-			-			-			\$
		-			-			-			\$
Would you like to include a donation to SEASPAR? If so, please indicate the amount to the right. Thank you!											\$
Total Fees											\$

Full payment must be received with the registration unless other arrangements have been made.

Payment may be made by check, money order, cash, or credit card.

Payment Type: Check Cash Money Order Credit Card

Credit Card: MasterCard Visa Discover

Cardholder Name _____

Account Number _____ Exp. Date _____ CVC _____

Authorized Signature _____

Please complete both sides of this registration form. Submit form and payment to SEASPAR:

- In person at 4500 Belmont Road, Downers Grove, IL 60515 OR
- Via fax at 630.960.7601 OR
- Via email at administaff@seaspar.org

The registration deadline is July 15 at 4:30pm. Confirmations will be emailed on July 16 and 17.

Only submit an Annual Information Form if you haven't done so yet for 2020. Contact the SEASPAR office to update information if necessary.

Office Use Only	
Date Rec'd	Cash Amt
Rec'd By	Check Amt
AIF Given	AIF Rec'd

Summer 2020 Registration Form

Participant Name _____ Age _____ Birth Date _____ Gender _____

Address _____ City _____ Zip _____

Are you a new participant? Yes No Is this a new address? Yes No Is this a new phone number? Yes No

If you are new to SEASPAR, how did you learn about us? _____

Home # _____ Participant Cell # _____ Participant Email _____

Parent 1 Name _____ Work # _____ Cell # _____ Email _____

Parent 2 Name _____ Work # _____ Cell # _____ Email _____

Guardian Name _____ Work # _____ Cell # _____ Email _____

Participant School _____ Teacher _____

Disabilities or Diagnoses _____

Are there any changes in allergic conditions? Yes No Dietary restrictions? Yes No Medication? Yes No

Other health issues? Yes No Please list _____

Do you have an updated emergency contact? Yes No Name _____

Address _____ Phone Number _____

Indicate friends and/or carpool accommodations _____

WAIVER AND RELEASE

IMPORTANT INFORMATION

SEASPAR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SEASPAR 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 activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for SEASPAR to guarantee absolute safety.

In virtual program activities, you need to have adequate space to follow the activity instructions and to move safely without exposure to any obstacles, obstructions, steps or anything that could cause possible trips or falls. As a participant, you are solely responsible for assessing whether you can participate safely in the activity in the space you have chosen without accidents.

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 this activity, 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 this activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, 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 this activity against SEASPAR, including its officials, agents, volunteers and employees.

I understand that SEASPAR carries no medical insurance and the participant's family must cover any medical costs incurred. In the event of an emergency, I understand and authorize SEASPAR staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child and agree that I will be responsible for payment of any and all medical services rendered.

I have been made aware of the inherent dangers and risks of virtual program activities, and I can participate safely in the space I have chosen.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online acceptance or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature _____ Date _____

Participant Signature (if 18 or older) _____ Date _____

**PARTICIPATION WILL BE DENIED if the waiver is not signed and dated by parent/guardian.
PARTICIPATION WILL BE DENIED if a 2020 Annual Information Form is not on file.**

ASSOCIATION MEMBERS AND REPRESENTATIVES

In-Person Programming

Lisle Park District

Dan Garvy, President

Woodridge Park District

Mike Adams, Vice President

Park District of La Grange

Dean Bissias, Secretary

Darien Park District

Stephanie Gurgone, Treasurer

Village of Brookfield

Stevie Ferrari

Clarendon Hills Park District

Valerie Louthan

Downers Grove Park District

Bill McAdam

Village of Indian Head Park

Rita Farrell Mayer

Community Park District of La Grange Park

Jessica Cannaday

Lemont Park District

Louise Egofske

Village of Western Springs

Aleks Briedis

Westmont Park District

Bob Fleck

The SEASPAR Board meets the third Tuesday of every month at 3:00pm. For more information, call 630.960.7600. The public is welcome. Board meeting agendas and minutes are available online at SEASPAR.org/Board.



4500 Belmont Road
Downers Grove, IL 60515



SERVING THE COMMUNITIES OF

Village of Brookfield

Clarendon Hills Park District

Darien Park District

Downers Grove Park District

Village of Indian Head Park

Park District of La Grange

Community Park District of La Grange Park

Lemont Park District

Lisle Park District

Village of Western Springs

Westmont Park District

Woodridge Park District