



**Build Your Summer One
Piece at a Time**



SUMMER CAMPS

For Individuals with Disabilities

AGES 3-22



Camp Dates

June 8th - July 30th
Monday-Thursday

No Camp June 29th - July 2nd
(Check out Mid-Summer Mini Camp)

Parent Open House

Friday, June 5th
4:30-6:00 pm
at camp site

Welcome to FVSRA Summer Day Camp! At our camp, we strive to be a safe place both physically and emotionally, where campers can explore new skills with confidence. Because safety is a fundamental part of our camp, our camper-to-counselor ratio is based on the campers' overall needs. This personalized attention ensures a great recreation experience for each camper. Leadership Team Members are present at all activities to bring professional experience and supervision to each aspect of camp.

All Summer Day Camp staff members complete extensive and ongoing training in behavior management and adaptive camp programming. FVSRA is committed to providing an environment that is safe and fun while nurturing and developing social skills, motor skills and community awareness. This summer, campers can expect activities to include sports, crafts, swimming, field trips, and group games.

I am excited for the opportunity to have your loved one complete our puzzle by joining us this summer at Day Camp!

Sincerely,

Claire Howes, CTRS

School Services & Day Camp Manager
ClaireH@FVSRA.org or 630-907-1114



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About FVSRA

Fox Valley Special Recreation Association (FVSRA) exists to provide recreation and leisure opportunities for its residents with special needs. FVSRA serves as an extension of seven park and recreation agencies throughout the Fox River Valley region including the Park Districts of Batavia, Fox Valley, Geneva, Oswegoland, St. Charles, and Sugar Grove, and the South Elgin Parks & Recreation Department.

FVSRA Mission

The mission of FVSRA is to enrich the lives of people with disabilities.

Working collaboratively with member agencies and community partners, we pledge to put PEOPLE FIRST.

Inclusion

FVSRA provides assistance and accommodations to our Member Agencies (see above) to include residents with disabilities into their program at no cost to the individual. Accommodations provided by FVSRA include special training for staff, adapted equipment, physical assistance, communication tools or a program companion. Inclusion services can be requested by marking the "special accommodations" field on the Member Agency registration form. FVSRA requires a two week window in order to coordinate and accommodate these services. For more information, please contact the Inclusion Manager at (630) 907-1114 ext. 1206.

FVSRA Office

Located inside the Vaughan Athletic Center
2121 West Indian Tail | Aurora, IL 60506

Phone: (630) 907-1114 | Fax: (630) 907-1116

FVSRA.org | Facebook.com/FVSRA | Twitter.com/FVSRA

Hours

Monday-Friday: 8:30am-5:30pm



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Registration

Online Registration Available at fvsra.org/registration

Registration Opens March 2nd

Early registration is important for acceptance to camp. Registrations will be processed on a first-come, first-serve basis, with preference given to campers residing within the FVSRA boundaries. See page 7 for our Resident/Non-Resident policy.

Register up front for all seven weeks and receive additional savings!

Early Bird Registration Ends: Friday, May 1st

Regular Registration Ends: Friday, May 22nd

Payment in full must be received at time of registration. To apply for financial assistance, please see scholarship information below. Payment plans are available when registering for all 7 weeks only. Payment for individual weeks is required at the time of registration.

Register through May 1st to receive the Early Bird Discount (\$20 reduction in camp fee per week).

Regular registration deadline is May 22nd.

To add additional weeks, campers must register at least 10 days prior to starting camp in order to ensure the overall safety and success of the camp experience.

Participants may enroll by the week, a combination of weeks, or all seven weeks.

Non-resident registrations will be processed when non-resident registration opens on April 6th.

Register carefully! In the event that it is necessary to alter a camp registration after it has been received at FVSRA, there may be a \$5 charge for any change to the registration.

Scholarship Information

Resident Scholarships

FVSRA has limited scholarship funds available for FVSRA residents who meet eligibility requirements. Participant families will be required to submit a completed application form and all supporting documents.

How to Apply

Forms are available at www.fvsra.org/forms. A paper registration form is required. Online registration is not available at this time for those seeking financial assistance.

American Camp Association Scholarships (ACA)

FVSRA may also have limited ACA Day Camp Scholarships available on a first-come, first-serve basis. A separate scholarship form is required to be evaluated for this scholarship and must be completed in person at the FVSRA office.

Campers 3-6 years old

NEW LOCATION!

Little Stars North

8:30am-2:00pm

Pottawatomie Community Center, St. Charles

Swim Facility: Swanson Pool, St. Charles (T/TH)

Little Stars South

8:30am-2:00pm

South Point Community Center, Oswego

Swim Facility: Civic Center Pool, Montgomery (T/TH)

What We Offer

- 🧩 **Structured** environment
- 🧩 **Sensory** exploration & play
- 🧩 **Consistent** camp routines
- 🧩 Activities that foster **social skill development**
- 🧩 **Weekly** field trips and swim outings



Campers 7-12 years old

Rising Stars

9:00am-2:30pm

Rotolo Middle School, Batavia

Swim Facility: Sunset Pool, Geneva (T/TH)

Shining Stars

8:30am-2:00pm

Mc Cleery Elementary School, Aurora

Swim Facility: Splash Country, Aurora (T/TH)

What We Offer

- ❧ An environment that fosters *independence*
- ❧ Activities that:
 - ❧ Build *confidence*
 - ❧ Teach *new skills*
 - ❧ Cultivate *friendships*
- ❧ *Weekly* field trips and swim outings

Campers 13-22 years old

All Stars

9:00am-2:30pm

Persinger Center, Geneva

Swim Facility: Sunset Pool, Geneva (M/W)

Rock Stars

9:00am-2:30pm

McDole Elementary School, Montgomery

Swim Facility: Splash Country, Aurora (M/W)

What We Offer

- ❧ An active environment that promotes *physical wellness*
- ❧ Cooperatives to foster *team building*
- ❧ *Creative exploration* through music and movement
- ❧ *Weekly* field trips and swim outings





Don't Be Puzzled

General Information

Our day camps are specifically designed for children and young adults with disabilities. Within each camp, staff ensures that activities and games are both age and developmentally appropriate, often breaking out into smaller groups throughout the day. Parents and guardians can expect ongoing communication through our Camper Packet and weekly newsletters. Campers can expect to have fun, make new friends and have an unforgettable summer.

Participant Expectations

- Wear appropriate attire for program participation (i.e. for athletic/fitness programs comfortable clothing and tennis shoes need to be worn). If there are questions about the type of attire participants should wear, please contact the office.
- Arrive at program or transportation site displaying proper hygiene and body odor. FVSRA staff will also be consistent in stressing personal hygiene while participants are in programs and will not return participants at the end of a program in an unclean manner.
- Be willing to voluntarily participate in the scheduled activities. FVSRA staff encourage and aid, but do not force participation.
- Participants who require assistance with toileting must wear appropriate undergarments while in the pool such as swim diapers or rubber covers.

Parent/Guardian Requirements

- When dropping off or picking up a participant from a program, it is mandatory for the parent/guardian or caretaker to check in with the FVSRA staff.
- All participants' belongings should be clearly labeled as FVSRA is not responsible for lost or stolen items.
- Contact the FVSRA office or Site Director if the participant will be absent from a program.
- Adhere to scheduled pick-up and drop-off program.
- Participants cannot be left unattended before or after the designated program time.
- Provide FVSRA Staff with additional supplies such as undergarments, diapers/depends, wipes, extra set of clothing, etc. for participants who require assistance with toileting.

Resident/Non-Resident Policy

Residents will be given priority when registering for programs. Residents include all individuals who live within the boundaries of the Fox Valley, St. Charles, Geneva, Batavia, Oswegoland, Sugar Grove Park Districts and the Village of South Elgin Parks and Recreation Department. Any individual who lives outside the participating Member Agencies' boundaries is considered a non-resident and will be required to pay non-resident fees when registering for programs. Non-resident registration opens on April, 8th. Any questions regarding the non-resident policy should be directed to Executive Director, Alex Engelhardt at (630) 907-1114.

Medication

We recognize that some of our participants may need to take medications while participating in our programs. FVSRA has established procedures to help staff maintain and distribute medications in a safe and documented manner. It is important for all parties to understand our procedures and work together to manage this responsibility.

Please familiarize yourself with our Medication Procedures. These can be found on our website at [http://www.fvsra.org/forms/Medication Dispensing Form](http://www.fvsra.org/forms/Medication%20Dispensing%20Form), or you can request a copy by calling the FVSRA office. For the safety of all, guardians must sign and return Permission to Dispense Medication/Waiver and Release of All Claims form at least two weeks prior to the start of camp.

Medication cannot be delivered via personal belongings, i.e., in lunch boxes, backpacks, etc. They must be handed directly to the Site Director on a daily/weekly basis in individually sealed medication envelopes, which include the camper's name, medication, dosage, and time of day the medication is to be given.

Behavior Management Policy

All participants, patrons and spectators are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make programs safe and enjoyable for all. Additional rules may be developed for specific programs as deemed necessary by staff.

The agency insists that all participants, patrons, and spectators comply with the following FVSRA Code of Conduct:

- Show respect to all participants, staff, volunteers, and patrons.
- Listen to and comply with staff direction and program rules including staying within program boundaries.
- Allow others in the program and those at public facilities to enjoy the activity without disruption.
- Refrain from using foul language or other offensive behavior such as rude gestures, sexually explicit language, or inappropriate touching.
- Refrain from threatening or causing bodily harm to self, other participants, patrons, or staff.
- Show respect for equipment, supplies, and facilities.
- Not possess any weapons, illegal substances, or alcohol.
- Not be under the influence of alcohol or drugs which would impair the ability to safely participate in the program.

A positive approach will be used regarding discipline. If inappropriate behavior occurs, a prompt resolution will be sought specific to each individual's situation. The agency reserves the right to dismiss a participant, patron, or spectator whose behavior endangers their safety or the safety of others. If a participant is suspended from FVSRA programs, a meeting with the Superintendent of Recreation, the participant, and their guardian will be scheduled to determine the requirements to return to FVSRA programs.

★ Sensory Room

The FVSRA Sensory Room is a controlled multi-sensory environment that provides opportunities for participants to engage senses through various stimuli such as lights, color, sounds, aromas and textures.

Sensory Room Benefits

- Relaxation • Stimulation • Cognitive Development
- Motor Development • Decision Making • Communication



Sensory Therapy | All Ages Location: FVSRA Office, Aurora



A trained Certified Therapeutic Recreation Specialist (CTRS) will develop and implement an individualized, one on one therapy session that is geared towards accomplishing participant goals.

Therapy sessions are 30 minutes in length.

Call the office to schedule your session and learn more about our Sensory Room Punch Card Program!



Mid-Summer Mini Camp

Monday-Thursday: June 29th - July 2nd
9:00am-3:00pm

3-12 Years Old

Location: FVSRA, Aurora

13-22 Years Old

Location: Sportsplex, St. Charles

Keep up with your camp friends during the break by joining Mid-Summer Mini Camp! Days will mimic a summer day camp environment. Campers will swim and visit local attractions on field trips for 2 days each. Transportation is offered for this program from your local community.

To register for Mini Camp (the week Summer Day Camp is off), visit fvsra.org/registration or contact Erin at ErinB@fvsra.org or 630-907-1114.

FVSRA Summer Day Camp 2020 Registration Form

BE SURE TO COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

Participant Name: _____ Age: _____

Please CHECK Camp		For Office Use ONLY		
North Region <small>(South Elgin, St. Charles, Geneva, Batavia)</small>	South Region <small>(North Aurora, Aurora, Montgomery, Oswego, Sugar Grove)</small>	Sch Awd	D/C/N	Date Ck# Amt
<input type="checkbox"/> Little Stars North (3-6 years)	<input type="checkbox"/> Little Stars South (3-6 years)			
<input type="checkbox"/> Rising Stars (7-12 years)	<input type="checkbox"/> Shining Stars (7-12 years)			
<input type="checkbox"/> All Stars (13-22 years)	<input type="checkbox"/> Rock Stars (13-22 years)			

Visit fvsra.org/registration to register online.

Please CIRCLE registration choice(s) Campers must register at least 10 days prior to starting camp to ensure safety needs.

Camp Week	Resident Fees		Non-Resident Fees
	Early Bird (Through May 1 st)	Regular Fees (Begin May 2 nd)	Regular Fees (Begin April 6 th)
All 7 Weeks <small>(June 8 - July 30)</small>	\$1070	\$1,210	\$1,605
Week 1 <small>(June 8 - 11)</small>	\$160	\$180	\$240
Week 2 <small>(June 15 - 18)</small>	\$160	\$180	\$240
Week 3 <small>(June 22 - 25)</small>	\$160	\$180	\$240
No Camp June 29-July 2			
Week 4 <small>(July 6 - 9)</small>	\$160	\$180	\$240
Week 5 <small>(July 13 - 16)</small>	\$160	\$180	\$240
Week 6 <small>(July 20 - 23)</small>	\$160	\$180	\$240
Week 7 <small>(July 27 - 30)</small>	\$160	\$180	\$240

Payment plans are only available when registering for all 7 weeks of camp. Payment for individual weeks is required at the time of registration.

Does your child utilize any special accommodations or equipment while using school transportation due to physical, emotional, or behavioral needs that would be helpful during transportation to and from swim outings and field trips?

☐ Yes ☐ No If yes, please describe: _____

PAYMENT — PAYMENT IN FULL IS REQUIRED FOR REGISTRATION. Total Camp Fees Due: _____ IF PAYING BY CREDIT CARD: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex Credit Card Number: _____ Expiration Date: _____ CVV: _____ Card Holder Signature: _____ (REQUIRED for credit card payment)	
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☐ I grant FVSRA permission to contact participant's teacher.
 School Name: _____
 Teacher Name: _____
 Phone #: _____ Email: _____

T-Shirt Size: ☐ Adult ☐ Sm ☐ Med ☐ LG ☐ XLG ☐ 2XL ☐ 3XL ☐ 4XL ☐ Child ☐ Sm ☐ Med ☐ LG

Please list all individuals who are authorized to pick up your camper: _____

FVSRA Summer Day Camp 2020 Registration Waiver

Fox Valley Special Recreation Association
2121 W. Indian Trail • Aurora, IL 60506
Ph: 630.907.1114 • F: 630.907.1116 • FVSRA.org

Participant Name: _____ Age: _____ Birthdate: _____ Sex: _____ Ethnicity: _____
(for statistical purposes)
Home Address: _____ City: _____ Park District: _____ Zip: _____
Primary Home #: _____
Father/Guardian Name: _____ Cell #: _____ Work # _____
Mother/Guardian Name: _____ Cell #: _____ Work #: _____
I would like to receive FVSRA program and news updates via email. Email Address (print clearly): _____
I would like to donate to the FVSR Foundation. Please accept my donation of \$ _____

Is this a new address? ☐ Yes ☐ No Will participant be responsible for self-medication? ☐ Yes ☐ No
Is this a new phone number? ☐ Yes ☐ No Will staff need to administer medication? ☐ Yes ☐ No
Is this a new participant? ☐ Yes ☐ No Is participant requesting a scholarship? ☐ Yes ☐ No

Only paper registrations will be accepted after Friday, May 22nd.

IMPORTANT INFORMATION

The Fox Valley Special Recreation Association (FVSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The FVSRA 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 this program/activity 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 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 an 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. 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 equipment, inadequate supervision, instructive or officiating, and other risks inherent to the particular activity. IN this regard, it is impossible for FVSRA 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 it and participating in the FVSRA Summer Day Camp 2020 activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses 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 program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume that 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 program/activity against the FVSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as "FVSRA").

I understand the FVSRA may photograph/videotape the events or activity in which I am (or my child/ward is) participating. I give my permission for the FVSRA to use photographs or videotape of me (or my child/ward) for the purpose of promoting the FVSRA and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/ward) at this time or in the future for the use of my (or my child/ward's) likeness.

If extenuating circumstances prohibit the use of my (or my child/ward's) likeness, please circle the following: **No Photo.**

In the event of an emergency, I understand and authorize FVSRA 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/ward and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Important Information, Warning of Risk, Waiver, Assumption of Risk, and Release of All Claim. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

NOTE: When registering by FAX, it is mutually understood that the facsimile registration document (including the Waiver & Release of All Claims) shall substitute for, and have the same legal effect, as the original form.

REQUIRED	Sign & Date Waiver Here
	Participant's Name: _____ Date: _____ (Print)
	Participant's Signature: X _____ (18 years or older or Parent/Guardian)
	PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN IS NOT ON THIS WAIVER.

Annual Information Form

Form Valid March 1, 2020 - May 31, 2021

General Information

Participant Information PLEASE COMPLETE EACH SECTION AND PRINT CLEARLY

Name _____ Age _____ Birthdate _____ Ethnicity _____
Gender _____ Preferred Pronoun ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other _____ for statistical purposes
Home Address _____ City _____ State _____ Zip _____
Phone# _____ Park District _____ Township _____

Residency Type: ☐ With family ☐ Group Home ☐ On own Tshirt Size _____ Shoe Size _____

Main Contact Information PRINT CLEARLY

Name _____ Relationship _____ Cell # _____ Mobile Carrier _____
Home # _____ E-mail _____ Employer _____

Secondary Contact Information

Name _____ Relationship _____ Cell # _____ Mobile Carrier _____
Home # _____ E-mail _____ Employer _____

Additional Contact Information

Name _____ Relationship _____ Cell # _____ Mobile Carrier _____
Home # _____ E-mail _____ Employer _____

Who should FVSRA contact for program information _____ Participant is own guardian ☐ Yes ☐ No

Medical Information

Disability Information PLEASE INDICATE PRIMARY DISABILITY WITH A "1" AND SECONDARY WITH A "2."

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> None
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	
<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other _____	

Atlanto Axial Instability? If participant has Down Syndrome, do they have Atlanto Axial instability diagnosis? ☐ N/A ☐ No ☐ Yes

Surgeries? Has participant had any injuries or surgeries in the past year? ☐ No ☐ Yes (please describe) _____

Wheelchair? ☐ No ☐ Yes (If participant uses a wheelchair, a Participant Transfer Plan must be completed.)

Seizures? ☐ No ☐ Yes (please attach seizure information sheet)

G-Tube? ☐ No ☐ Yes (If participant has a G-Tube, a G-Tube Procedures form must be created and approved by the FVSRA Superintendent)

Allergies? ☐ No ☐ Yes (please describe) _____

Shunts? ☐ No ☐ Yes (please describe) _____

Dietary Needs? ☐ No ☐ Yes (please describe) _____

Diabetes? ☐ No ☐ Yes (please describe) _____

May Participant Consume Alcohol? ☐ No ☐ Yes

(Please describe the type and quantity permitted. Please note FVSRA has a two drink maximum.) _____

Medication PLEASE LIST ALL MEDICATIONS PARTICIPANT IS TAKING, EVEN IF IT WILL NOT BE DISPENSED DURING PROGRAM(S).

Drug Name _____ Dosage _____ Frequency _____

Drug Name _____ Dosage _____ Frequency _____

Drug Name _____ Dosage _____ Frequency _____

Attach sheet with additional medications, if needed.

Check if stated on medication bottle(s):

☐ Drink plenty of water ☐ May cause nausea ☐ Other _____

☐ No direct sunlight ☐ May cause heat sensitivity _____

☐ Take with food ☐ May cause drowsiness _____

Will participant be responsible for self medication during any program(s)? ☐ No ☐ Yes

Will staff need to remind participant to take medication? ☐ No ☐ Yes

Will staff need to administer medication? ☐ No ☐ Yes (If yes, please fill out the Permission to Dispense Medication form)

Communication

INDICATE METHOD(S) OF COMMUNICATION.

Participant communicates... ☐ Boardmaker ☐ Sign Language ☐ Verbal-Difficult to understand ☐ Verbal- Speaks clearly

☐ Non-verbal ☐ Gestures/points ☐ English as a second language ☐ Social Stories

☐ Visual schedule

☐ other (explain) _____

Assisted Devices

INDICATE ASSISTED DEVICE(S) USED.

☐ Cane

☐ Glasses

☐ Orthopedic Devices

☐ Service Animal

☐ White Cane

☐ Forearm Crutches

☐ Hearing Aid

☐ Prosthetic Devices

☐ Walker

☐ Other _____

Daily Living Skills

What level of assistance does participant need with...

Physical Assistance

Verbal Prompts

Independent

Additional Information

Eating/Drinking(cut food, uses straw, etc.)

Dressing/Undressing(tying shoes, pulling up swim suit, etc.)

Toileting(diapers, catheter, wiping, etc.)

Following directions(single step, repetition, visual cues, etc.)

Money handling(monitor for correct change, no concept, etc.)

Reading(comprehension level, etc.)

Responsibility(keeping track of belongings, etc.)

Safety(crossing street, water safety, etc.)

Writing(legibility, words/sentences, etc.)

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Behavior

☐ Biting Throwing Objects

☐ Hair Pulling Attention Seeking

☐ Hitting Defiance/Refusal

☐ Kicking Difficult Transitions

☐ Pinching Easily Distracted

☐ Spitting Hyperactivity

☐ Manipulative Removal of Clothing

☐ Runs/Wanders

☐ Steals

☐ Verbal Outbursts

☐ Self harm/Injury

☐ Other _____

Please describe behaviors (frequency, duration, staff intervention):

Have a specific behavior plan?

☐ No Yes (please attach)

Please list any sensory supports the participant may need:

Safety & Recreation

FVSRA provides an approximate 1:4 staff to participant ratio.

If participant would like to request a closer ratio, please explain why:

Please note that FVSRA requires prior written approval to permit a participant to remain unattended before/after a program, walk home, or wait for a taxi service. Contact Jackie Salemi, Superintendent of Recreation, to submit requests.

Participants are expected to arrive and/or be picked up from a program within 5 minutes of the start and end times listed. Without prior written approval, FVSRA cannot leave participants unattended before or after a program. In accordance with our Pick-Up & Drop Off Policy, a fee may be issued.

Verbally say their name?

☐ No Yes

Accurately say phone number?

☐ No Yes

Recognize dangerous situations?

☐ No Yes

Please select swimming ability:

☐ Cannot Swim Needs 1:1 assistance in the water

☐ Can Swim 1 Length of the Pool without a Personal Flotaion Device

☐ Competitive/Multi Lap Independent Swimmer

Indicate flotation device(s) owned or needed by participant

Goals

INDICATE REASON(S) FOR PARTICIPATION. CHECK ALL THAT APPLY.

☐ Physical Activity/Fitness Motor Development

☐ Socialization/Friendships Creativity/Self-Expression

☐ Group Interaction Self-Esteem/Confidence

☐ Skill Development Responsibility

☐ Entertainment

☐ Other _____

Please identify any specific goals parents/guardians would like to see worked on:

REQUIRED

Signatures

I attest that this information is true and accurate to the best of my knowledge and I will notify FVSRA of any changes in the above information.

Signature of person completing form

Date

Check Out Our Additional Programs

The fun doesn't end at camp! FVSRA offers year-round recreational and leisure programming. For additional information and to register for programs, please contact Erin Bartolone at 630-907-1114 ext. 1217 or visit fvsra.org/registration.

YOUTH

Friday Fun Youth

Mid Summer Mini Camp (June 29- July 2)

Parent's Night Out

Special Olympics Golf

Splash and Play

Super Saturdays

Swim Lessons

TEEN

Computer Lessons

Creative Arts

Friday Fun Teen

Mid Summer Mini Camp (June 29- July 2)





Friends Night In

Performing Arts Guild

So You Think You Can Dance

Special Olympics Golf


Swim Lessons



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FOX VALLEY SPECIAL RECREATION ASSOCIATION
2121 W. Indian Trail
Aurora, IL 60506

Phone: (630) 907-1114
Fax: (630) 907-1116
FVSRA.org  



If you would like to stop receiving this brochure, please call the FVSRA office and ask to be taken off the mailing list.

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You're Our Missing Piece

Now Hiring

Day Camp Counselors
Day Camp Inclusion Counselors

Contact us at jobs@fvsra.org or apply online at www.FVSRA.org/now-hiring

Starting at
\$14*

\$12 for employees under 18