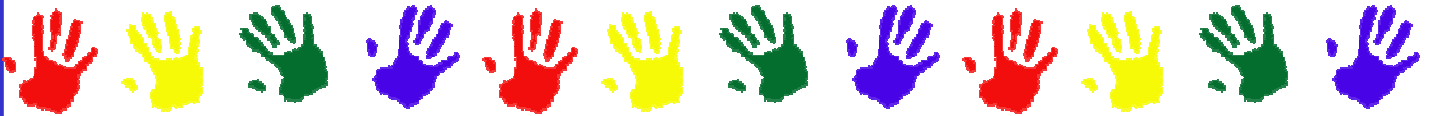




RECREATION PROGRAMS
for
Kids and Teens
March-April 2010

LOGAN is excited to start off the new year with a new recreation program! In our complete recreation calendar for March and April you will find a variety of activities for kids and teens with all types of special needs. ages 9-22. Activities will include art, cooking, theatre, swimming, and more. Please don't hesitate to register your child, as programs may fill up quickly!



Please fill out and return participant registration form and the event payment to:

Allyson Bevins
LOGAN Center
2505 East Jefferson Blvd.
South Bend, IN 46615

In order for your son or daughter to participate there **MUST** be an Annual Participation Information form and signed waiver on file.

Thank you!

Registration will not be accepted over the phone

Questions or Comments?

Please contact Allyson Bevins, Recreation Specialist
(574) 289-4831 ext:1312 or via email abevins@logancenter.org

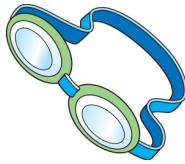
ACTIVITIES & EVENTS

LC League Night: Mondays
3/8, 3/15, 3/22, 3/29, 4/12, 4/19 (no class 4/5!)
Time: 5pm-6:30pm
Limit: 8 bowlers
Cost: \$30 per six week session
Location: Regal Lanes
1121 West 8th Street, Mishawaka

Come to Regal Lanes just to relax, hang out, and bowl! Shoes and games are included in cost. Feel free to bring your own shoes and bowling ball if you have them!



Swimming: Tuesdays
3/9, 3/16, 3/23, 3/30, 4/13, 4/20
(no class April 6)
Times: 4pm-4:30pm (beginner)
4pm:45-5:15pm (intermediate)
Limit: 4 swimmers per session
Cost: \$60 per six week session
Location: Waterford Lodge
52890 SR 933 North, South Bend



Swim lessons are one of the best physical exercises one can do as well as a great tool for relaxation. Come to swim lessons to learn basic swim strokes, water safety, and most importantly to have fun! Skill assessments will be done for each participant on the first session date to create session goals per individual.

Creative Outlet: Wednesdays
Session One: Suggested Ages 9-12
Dates: 3/10, 3/17, 3/24, 3/31
Session Two: Suggest Ages: 13-17
Dates: 3/31, 4/14, 4/21, 4/28 (no class 4/7)
Time: 4pm-5pm
Limit: 10 artists per session
Cost: \$40 per 4 week session
Location: Adult Day Services Fine Arts Room

In **Creative Outlet** we will explore originality and self-expression through a wide variety of arts. We will be working on several sensory activities through ceramics, painting, and more!



Come & Cook: Thursdays
3/11, 3/25, 4/1, 4/15, 4/22, 4/26
(no class 3/18, 4/8)
Time: 6pm-7:15pm
Limit: 8 chefs
Cost: \$35 per six week session
Location: Logan Center
Kitchen



Thursdays, kids can come learn something new in the kitchen! At **Come & Cook** we will be working on basic cooking skills, as well as etiquette and kitchen safety. Each participant should come hungry because we will be eating all our kitchen creations at the end of each class!

Curtains-Up: Fridays

3/12, 3/19, 3/26, 4/1, 4/15, 4/22, 4/29 4/30, 5/7
(no class 4/9)

Time: 3:30pm-4:30pm

Limit: 12 actors

Cost: \$50

Location: Battell Community Center
904 N. Main Street, Mishawaka

Curtains-Up will be a good time for kids to let loose and be in the spotlight. Theatre is a fun way to practice and improve communication skills, social skills, and self-confidence by engaging in fun drama activities, practicing line memorization, and creating costumes in preparation for a final production!

Final production will be last day of class.

OTHER EVENTS

FLAME Concert

Date: Thursday March 18

Time: 7pm-8pm

Cost: FREE

Location: Century Center



FLAME is an incredibly talented musical group made up of 11 members with physical and developmental disabilities. South Bend is very lucky to have **FLAME** tour all the way from New York just to play for us! It will be a wonderful opportunity the whole family to witness! For more information on **FLAME**, visit their website, at www.flametheband.com

LOGAN PROM

Date: May 1

Suggested Ages: 13-22

Time: 6pm-9pm

Cost: \$3 a ticket

Location: Logan Center

Get dressed up and come to LOGAN Prom!

A night of eating, fun, and lots of dancing to be had!



Special Thanks to our Supporters and Sponsors!

- * Battell Community Center * Waterford Lodge * AMF Regal Lanes*
- * South Bend Fire Arts *
- * Michiana Down Syndrome Family Support and Advocacy Group *



ANNUAL PARTICIPANT INFORMATION FORM

Participant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date ___/___/___ Age: _____ Grade: _____ Gender: M or F

Primary Diagnosis (please check)

Down Syndrome Mental Retardation

Cerebral Palsy Spinal Cord Injury

Hearing Impairment Vision Impairment

_____ Other (please specify)

Secondary Diagnosis (please list): _____

Parent, Legal, Guardian, or Agency Information:

(first contact in event of an emergency, behavior, or ride if needed)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Emergency Contacts:

(someone other than parents or guardian)

1. Name: _____

Emergency Phone Numbers: _____

Relationship to Participant: _____

Emergency Information:

(LOGAN Center staff does not administer medication; please give information an EMT may need to know in the event of an emergency)

Medication: Yes No Times Administered: _____

If yes, please list all medications (or attach med sheet): _____

Seizures: Yes No

If yes, please specify and contact Allyson Bevins for a Seizure Action Plan Form

Dietary Restrictions: Yes No

If yes, please specify: _____

Allergies: Yes No

If yes please specify: _____

Other Information:

Communication (please check)

Highly Verbal Limited Speech Non-Verbal

Please list any communication aids used: _____

Mobility (please check)

Walks independently Uses wheelchair

Walks with physical assistance Assistive equipment

Does your child have special needs in the areas of eating, toileting, and/or dressing? Please explain and attach sheets as needed.

Does your child have problems with behavior management, need a one-on-one assistant, etc? Please describe and attach any current behavior management being used. _____

Other Imperative Information to better serve your child: _____

LOGAN RELEASE FORM

(Release will expire 24 months from the signed date below)

Participant's Name: _____

I, the undersigned, acknowledge that the recreation programs provided by LOGAN may or may not be appropriate for the individual that is served. There will be every attempt made to accommodate the individual in the program. However, the LOGAN center staff will assess the individual for his/her ability to participate in the activity. If that individual exhibits inability to appropriately participate, then it will be the LOGAN staff's decision to ask the participant to discontinue his/her participation in the program. The LOGAN staff will then assist the individual to discover an appropriate recreation program that he/she could successfully participate in.

I, the undersigned, authorize medical personnel to provide treatment for the above individual in the case of injury or illness occurring during a LOGAN Recreation sponsored program activity. It is my understanding that I (or my contact person) will be notified as soon as possible in the event of an injury or illness.

I, the undersigned, will not hold LOGAN, LOGAN staff, or anyone volunteering for LOGAN, responsible in case of injury or accident related to activities provided for the above named individual as part of a program an/or service provided by LOGAN Recreation Services.

Name: _____ Date: _____
(signature of emancipated adult, parent, guardian, or agency official)

I, DO ___ or DO NOT ___, give my consent to LOGAN to photograph/video my child and to use such photograph/video in connection with promoting/advertising the services that LOGAN provides.

Name: _____ Date: _____



Program Registration Form

Participant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date ___/___/___ Age: _____ Grade: _____ Gender: M or F

Primary Diagnosis (please check)

- Down Syndrome Mental Retardation
 Cerebral Palsy Spinal Cord Injury
 Hearing Impairment Vision Impairment
_____ Other (please specify)

Secondary Diagnosis (please list): _____

Emergency Contact Information:

(first contact in event of an emergency, behavior, or ride if needed)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Medical Information:

List Meds, special needs/concerns: _____

Activity Enrollment: Please check all activities you would like your child or family to be registered for. Space is limited; you will be called if your child/family is on a waiting list. All fees reflect the entire number of sessions included, unless otherwise stated as a per week fee.

- | | | |
|---|--|---|
| <input type="checkbox"/> LC League Night \$30 | <input type="checkbox"/> Come \$ Cook \$35 | <input type="checkbox"/> FLAME concert (free) |
| <input type="checkbox"/> Swimming \$60 | <input type="checkbox"/> Curtains-Up \$50 | <input type="checkbox"/> Logan Prom \$3 |
| <input type="checkbox"/> Creative Outlet \$40 | | |

www.logancenter.org
574.289.4831
South Bend, Indiana 46624
P.O. Box 1049

