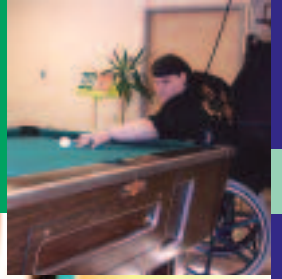


# Hillside Rehabilitation Hospital Adapted Sports Program



**Hillside Rehabilitation Hospital**  
8747 Squires Lane NE  
Warren, Ohio 44484  
330-841-3700  
[www.forumhealth.org](http://www.forumhealth.org)

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*Forum*  
HEALTH®

## Hillside Rehabilitation Hospital

Attention: Linda Case

Clinical Supervisor, Recreation Therapy / Adapted Sports

8747 Squires Lane, N.E.

Warren, Ohio 44484

Non-Profit  
Organization  
U.S. Postage  
**PAID**  
Permit No. 37  
Youngstown  
Ohio

## The Hillside Rehabilitation Hospital Sports Complex

The HRH Sports Complex is a 20,000 square foot outdoor facility. It was built around a "Field of Dreams" concept that "if you build it, they will come." The complex is comprised of a bocce court, a golf training area for chipping, putting and driving, a nine hole miniature golf course, an archery range, pavilion and an activity court for basketball, volleyball and tennis, all of which are W/C accessible.

### Program Costs

The cost for the Adapted Sports Program is based on current membership levels. Fees will vary depending on the program you participate in.

### Membership Levels

▲ **Bronze - Adapted Sports Only**  
\$10.00 per month

▲ **Silver - PEP Only**  
\$25.00 per month

▲ **Gold - Adapted Sports and PEP**  
\$30.00 per month

For more information about the Adapted Sports Program, contact:

▲ **Linda Case, Clinical Supervisor**  
Recreation Therapy / Adapted Sports  
330-841-3655



## At Hillside, we help individuals stay active.

The Adapted Sports Program offers individuals within the community, who are disabled and/or senior, the opportunity to participate in sporting activities to increase their wellness and to socialize with their peers. This program is intended to introduce participants to recreational activities and provide opportunities for success.

The Adapted Sports Programs are held year round, both on and off campus. Sports currently offered include:

- ▲ Air Pistol
- ▲ Air Rifle
- ▲ Archery
- ▲ Basketball
- ▲ Biking
- ▲ Billiards
- ▲ Bocce
- ▲ Bowling
- ▲ Darts
- ▲ Golf
- ▲ Miniature Golf
- ▲ Tennis
- ▲ PEP (Physical Exercise Program)



## Registration Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Age \_\_\_\_\_  Male  Female  
Phone \_\_\_\_\_  
Date of onset \_\_\_\_\_

*I am an individual with a physical challenge. My challenge is:*

- Sight Impaired       Brain Injury  
 Multiple Sclerosis       Amputation  
 Joint Replacement       Stroke  
 Spinal Cord Injury  
 Other, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*What program/programs are you interested in?*

- Air Rifle/Pistol       Archery  
 Basketball       Biking  
 Billiards       Bocce  
 Bowling       Darts  
 Golf       Miniature Golf  
 PEP       Tennis  
 Other \_\_\_\_\_

*Do you require physical assistance to participate?*

- Yes       No