



# Summer 2018

# ADAPTIVE RECREATION



## ADAPTIVE RECREATION

All Adaptive Classes skip 7/2-7/7.

### CHAIR EXERCISE

Increase your range of motion through stretch and strength exercises. Participate either sitting or standing, exercises are adapted as needed.

18+ Lapham Sa 6/23-8/18 10am-11am \$25 17570

### CITY CLUBS

Enjoy a variety of activities, changing every week, such as bowling, movies, field trips, gym games, fitness activities and more. Activity expenses are not included in fee. Transportation provided for field trips.

18+ Lake View Tu 6/19-8/14 1pm-4pm \$35 17573

18+ MSCR East Th 6/21-8/16 1pm-4pm \$35 17571

18+ Memorial Sa 6/23-8/18 1pm-4pm \$35 17572

### DANCE AND MOVE

Low impact class using music and basic steps for great cardiovascular and muscle toning workout. All fitness levels welcome.

18+ Muir MW 6/18-8/15 5pm-6pm \$45 17575

### FIT CLUB SUMMER SERIES

In cooperation with Wisconsin Special Olympics (hiking and walking only).

For people with disabilities and their family or friends. All participants pay the fee. For individuals needing assistance, family or staff providing the assistance is free. Water and healthy snacks provided. Transportation provided for Park Hiking. Detail provided upon registration.

### WALKING

18+ Kennedy M 6/18-8/13 6pm-7:30pm \$15 17577

### KICKBALL

18+ Jefferson W 6/20-8/15 6pm-7:30pm \$15 17578

TENNIS - rackets and balls provided

18+ LaFollette F 6/22-8/17 6pm-7:30pm \$15 17579

PARK HIKING - bring a lunch; West & East bus pick up sites

18+ Area parks Sa 6/23-8/18 10 am-2:30pm \$35 17580

### FUN FITNESS EAST

Class features different and varying exercises to improve health and overall body strength. Great for beginners or anyone interested in a fun and supportive class. Led by certified instructor Deb Stevens.

18+ MSCR East M 6/18-8/13 1pm-2pm \$35 17584

### Volunteers Needed

For City Clubs, Fit Club, Camping, Golf and Water Walking programs.

Call 204-3020 for information.

### OVERNITE CAMPING

Bring your personal sleeping gear/clothing/personal items, change of clothes, rain and swimming gear, walking shoes, preferred healthy snacks to share with all at the camp fire. Meals provided, dinner, lunch, breakfast and smores! Transportation provided, meet at Memorial High School at Mineral Pt Rd entrance. Families and guardians welcome to participate, all pay the fee. Prepare for day and evening activities.

18+ Lake Kegonsa Sa/Su 6/30-7/1 12pm-2pm \$35 17598

18+ Devil's Lake Sa/Su 7/28-29 12pm-2pm \$35 17599

18+ Blue Mounds Sa/Su 8/11-12 12pm-2pm \$35 18726

### PONTOON BOAT RIDES

Agencies serving low income individuals can request free tickets for Pontoon Drop In Rides. Go to [mscr.org/our-programs/outdoor-adventures/pontoon-programs](http://mscr.org/our-programs/outdoor-adventures/pontoon-programs) for the schedule. Group rentals are also available, complete the rental reservation and include request for financial assistance. Call 204-3020 for more information.

### STRETCH AND STRENGTHEN

Learn a variety of simple and adapted physical exercises to increase overall body strength & improve flexibility to keep you moving through your day more comfortably.

18+ Muir MW 6/18-8/8 4pm-5pm \$45 17590

### WATER WALKING FITNESS

Class designed for individuals who have cognitive and physical disabilities. Exercise on an individual basis with staff support, not a guided class. Best for non-swimmers who would benefit from a warm water pool. MSCR staff assess the individual abilities of water walkers and establish simple exercises that improve overall health. Requests for necessary accommodations require additional forms. For Monday - Thursday classes please arrange pick up rides no later than 7:55 pm. For Saturdays, please arrange pick up by 15 minutes after the class ends.

18+ Lapham M 6/18-8/13 6:30pm-7:30pm \$85 17592

18+ Lapham W 6/20-8/15 6:30pm-7:30pm \$85 17593

18+ Lapham Th 6/21-8/16 6:30pm-7:30pm \$85 17594

18+ Lapham Sa 6/23-8/18 9am-10am \$85 17595

18+ Lapham Sa 6/23-8/18 10:15am-11:15am \$85 17596

## ALL INCLUSIVE PROGRAMMING

All are welcome! Open to people without disabilities.

### BREWERS BASEBALL VS PITTSBURGH PIRATES

For people with disabilities and their families and friends. All participants pay the fee. Fee includes ticket and bussing. Meet at the Mineral Pt Rd entrance.

18+ Milwaukee Su 8/26 TBA \$25 17588

### GOLF LEAGUE

For youth and adults with disabilities and their families, friends. All participants pay the fee. Fee includes green fee/cost to play for each Sunday. Adaptive golf cart available for physical disabilities at Glenway, must schedule in advance.

14+ Glenway Golf Course Su 6/10-8/12 1-3:30 pm \$50 17583

## HELP PEOPLE WITH DISABILITIES

Help people with disabilities access MSCR Adaptive Programming. Donate to the Madison Community Foundation's Adapted Sports & Fitness Fund #3031097.

Direct donations can be made through the

Madison Community Foundation  
[madisongives.org/mscradaptivesports](http://madisongives.org/mscradaptivesports)

Or, please make your check payable to the:

Adapted Sports & Fitness Fund #3031097 and mail the check in care of: MSCR, Adapted Programs, 3802 Regent St., Madison, WI, 53705.

• Register at [mscr.org](http://mscr.org) or use form on page 3 • Call 204-4581 for more information •

# MSCR Registration Form

**Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705**

**Phone: 608-204-3000**

**Fax: 608-204-0557**

|                               |  |            |                  |  |
|-------------------------------|--|------------|------------------|--|
| (Head of Household) Last Name |  | First Name | Birth Date m/d/y | Does the participant have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type(s) of disability? |
| Street Address                |  | City       | State            | Zip  |

Email (Required for registration confirmation OR send a stamped, self-addressed envelope)  I agree to MSCR promotional email

|   |                 |  |  |  |  |
|---|-----------------|--|--|--|--|
| Primary Phone   | Secondary Phone | Are you an MMSD resident? (Check one)<br><input type="checkbox"/> Yes <input type="checkbox"/> No, Non MMSD residents pay 50 % more.<br>See page 52. |  | Do you have any medical conditions or concerns of which our staff need to be aware?<br>(Asthma, Allergies, etc.) |  |
| Cell Phone <input type="checkbox"/> I agree to text messages.<br>Please include provider. |                 |  |  |  |  |

| Participant's Full Name | *Gender<br>See page 54. | Date of Birth<br>m/d/y | Grade<br>2018-2019 | Race<br>(below) | Choice               | Program Title | Location | Start Date | Start Time | Course # | Fee |
|-------------------------|-------------------------|------------------------|--------------------|-----------------|----------------------|---------------|----------|------------|------------|----------|-----|
|                         |                         |                        |                    |                 | 1st                  |               |          |            |            |          |     |
|                         |                         |                        |                    |                 | Alternate,<br>if any |               |          |            |            |          |     |
|                         |                         |                        |                    |                 | 1st                  |               |          |            |            |          |     |
|                         |                         |                        |                    |                 | Alternate,<br>if any |               |          |            |            |          |     |
|                         |                         |                        |                    |                 | 1st                  |               |          |            |            |          |     |
|                         |                         |                        |                    |                 | Alternate,<br>if any |               |          |            |            |          |     |

Race: \*Please indicate above using corresponding number: (Optional)

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. Hispanic
6. White
7. Multiracial

T-Shirt Size (if applicable to program)  
Name: \_\_\_\_\_ Size: \_\_\_\_\_  
Youth sizes  
XS      S      M      L      XL

Name: \_\_\_\_\_

Size: \_\_\_\_\_

**Fee Total \$** \_\_\_\_\_  
**Donation \$** \_\_\_\_\_  
**Total \$** \_\_\_\_\_

**Payment:** (check all that apply)  Cash  Check # \_\_\_\_\_ (Payable to MSCR)

I am applying for fee assistance. Please see reverse page. \_\_\_\_\_ Credit Card: MasterCard or Visa Only  
By registering or participating, the registrant understands that individual accident insurance is not provided for MSCR programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that may have or that may hereafter accrue to me arising out of, or in any way connected with my participation in MSCR Program. Photos or videos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration and refund policies.

**Signature:**

10s are required for classes at Warner Park Community Recreation Center. Go to [www.mscr.org](http://www.mscr.org) for more information.

# REQUEST FOR FEE WAIVER

204-3000

- Fee waivers are available only to MMSD residents. Non-residents do not qualify for Fee Waivers. Fee waiver requests and payment must accompany Registration Form and turned in to the MSCR Hoyt Office. Fee Waivers cannot be done electronically.
- Fee waivers are not granted after registration is processed.
- Any payments, included with your Fee Waiver Request/Registration Form will be applied to program fees for available requested courses.
- There are three sessions per year - Winter/Spring, Summer and Fall.
- Fill out completely and check each item as appropriate. Include a second and third program choice on the Registration Form.

Contact Name: \_\_\_\_\_

Last

First

Phone

**I AM REQUESTING A FEE WAIVER FOR A CHILD (CHILDREN) (AGE 17 AND UNDER)**

Fee waivers are limited to two courses per child per program session. MSCR youth program fees may be partially or fully waived for youth meeting the criteria for free or reduced lunch. Parents/guardians are requested to pay what they can towards the program fee.

\_\_\_\_ My child (children) qualify/qualifies for free meals \_\_\_\_ yes \_\_\_\_ no; or reduced-price meals \_\_\_\_ yes \_\_\_\_ no.

\_\_\_\_ I am requesting a fee waiver and can pay \$ \_\_\_\_\_ towards the fee, which is enclosed.

**I AM REQUESTING A FEE WAIVER FOR AN ADULT**

Fee waivers are limited to one course per adult per program session. Adult participants are required to pay 50% of the course fee. My household income is at or below 185% of the Federal Poverty Level as circled below.

**CIRCLE YOUR FAMILY SIZE & INCOME - 185% OF FEDERAL POVERTY GUIDELINES (GROSS INCOME\*)**

\*Gross Income, as the term is used in this table, means: Income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.

| Circle below<br><b>FAMILY SIZE</b> | Circle one amount that is closest to your total household income. |                          |                        |                        |
|------------------------------------|---|--------------------------|------------------------|------------------------|
|                                    | <b>ANNUAL</b>   | <b>MONTHLY</b>           | <b>TWICE-MONTHLY</b>   | <b>BI-WEEKLY</b>       |
| 1                                  | \$21,589.56<br>(or below)   | \$1,799.13<br>(or below) | \$899.57<br>(or below) | \$830.37<br>(or below) |
| 2                                  | \$29,100.48   | \$2,425.04               | \$1,212.52             | \$1,119.25             |
| 3                                  | \$36,611.52   | \$3,050.96               | \$1,525.48             | \$1,408.14             |
| 4                                  | \$44,122.56   | \$3,676.88               | \$1,838.44             | \$1,697.02             |
| 5                                  | \$51,633.48   | \$4,302.79               | \$2,151.40             | \$1,985.90             |
| 6                                  | \$59,144.52   | \$4,928.71               | \$2,464.36             | \$2,274.79             |
| 7                                  | \$66,655.56   | \$5,554.63               | \$2,777.32             | \$2,563.68             |
| 8                                  | \$74,166.48   | \$6,180.54               | \$3,090.27             | \$2,852.56             |
| Each<br>additional Add             | \$7,511.04  | \$625.92                 | \$312.96               | \$288.89               |

**REMINDER:**  
Circle Your Income



**MADISON SCHOOL & COMMUNITY RECREATION**  
A department of Madison Metropolitan School District

**Adaptive Programs**  
Additional Questionnaire  
**Need 2 weekend and evening phone  
numbers for emergency purposes**

|                           |                            |                    |                        |   |  |   |   |
|---------------------------|----------------------------|--------------------|------------------------|---|--|---|---|
| Participant's Name: _____ | Residential Address: _____ | Home Number: _____ | Personal e-mail: _____ | a. Primary contact for last minute cancellations or transportation issues:<br><b>*Weekend /evening issues</b> _____ Name & number of guardian/care giver or in-home staff | b. Additional emergency contact if primary is unavailable: _____ Name, Number and Relationship | How will participant be transported to/from this activity?<br><br><input type="checkbox"/> Guardian / Caregiver <input type="checkbox"/> Madison City Bus<br><input type="checkbox"/> Madison Metro <input type="checkbox"/> Walk independently<br><input type="checkbox"/> Paratransit <input type="checkbox"/> Cab<br><input type="checkbox"/> Other <input type="checkbox"/> Other | Please provide the details of transportation:<br><br><i>Include: contact name, number, scheduled pick-up or drop-off times:</i> _____ |
|---------------------------|----------------------------|--------------------|------------------------|---|--|---|---|

|   |   |  |   |  |   |   |  |
|---|---|--|---|--|---|---|--|
| Is participant supported by an agency or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide the following:<br>Agency Name: _____ | Mailing Address:<br>City: _____ State: _____ Zip code: _____ | After Hours Emergency Number:<br>Case Manager's Name: _____ | Phone Number:<br>Email Address: _____  | Does participant use a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does participant use a Hoyer lift for transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please list any medications taken during this activity or soon after:<br><br><i>If MSCR staff is asked to administer medications (even provide reminders) a medication authorization form must be completed.</i> |
|   |   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>If so, are there any known triggers or activity restrictions?</b> |   |   |  |