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

Golf League and Instruction

For youth and adults with disabilities and their families and friends. All participants pay the fee, which includes green fee. Participants bring their own clubs; some rentals available for additional fee.

Glenway Golf Course, 3747 Speedway Rd: For those with some experience and success with golf. Ages 14 and up. June 25-August 13. 1-3:30 pm. Adaptive golf cart available upon advance request. $60. Course code: 13790

Vitense Golfland, 5501 Schroeder Rd: For beginners. Concentration on skill building. Ages 10 and up. June 25-August 13. 1-3 pm. $40. Course Code: 13791

Questions?
Contact Chad Thom
cthom@madison.k12.wi.us
608-204-3020

MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705 Phone: 608-204-3000 Fax: 608-204-0557 www.mscr.org

(Head of Household) Last Name	First Name	Birth Date d/m/y	Does the participant have a disability? __Yes __No If yes, what type(s) of disability?
Street Address	City	State / Zip	If you require accommodations related to a disability to participate in this activity, please explain:
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) ___Yes ___ No, Non MMSD residents pay 50 % more. See page 52.		Do you have any medical conditions or concerns of which our staff need to be aware? (Asthma, Allergies, etc.)
Cell Phone__ I agree to text messages.			

Participant's Full Name	Gender	Date of Birth m/d/y	Grade 2016-2017	Race (below)	Choice	Program Title	Location	Start Date	Start Time	Course #	Fee
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						
					1st						
					Alternate, 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:_____

Name:_____ Size:_____

Youth sizes XS S M L XL

Fee Total $ _____

$_____

Total $_____

Liability Waiver - Signature Required for Participation

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 I 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: ☒ _____

IDs are required for classes at Warner Park Community Recreation Center. Go to www.mscr.org for more information.

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

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card Holder Print Name:_____

Payment Amount $_____ **Authorized Signature::** ☒ _____ Expiration Date: ☐☐ \ ☐☐

REQUEST FOR FEE WAIVER

204-3000

FEE WAIVERS - PLEASE READ

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. Fee waivers are not granted after registration is processed.

Please fill out completely and check each item as appropriate. No refunds or adjustments. Please note: Any payments included with your Registration Form are applied to program fees for available requested courses.

A. NAME

Participant Name: _____ _____
Last First

Parent/Guardian Name: _____ _____
(for age 17 & under) Last First

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

FAMILY SIZE	ANNUAL	MONTHLY	TWICE/MONTHLY	EVERY TWO WEEKS	WEEKLY
1	$21,589.56	$1,799.13	$899.57	$830.37	$415.18
2	$29,100.48	$2,425.04	$1,212.52	$1,119.25	$559.62
3	$36,611.52	$3,050.96	$1,525.48	$1,408.14	$704.07
4	$44,122.56	$3,676.88	$1,838.44	$1,697.02	$848.51
5	$51,633.48	$4,302.79	$2,151.40	$1,985.90	$992.95
6	$59,144.52	$4,928.71	$2,464.36	$2,274.79	$1,137.39
7	$66,655.56	$5,554.63	$2,777.32	$2,563.68	$1,281.84
8	$74,166.48	$6,180.54	$3,090.27	$2,852.56	$1,426.28
Each Add	$7,511.04	$625.92	$312.96	$288.89	$144.44

REMINDER: Circle Your **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.

C. PARTICIPANT - COMPLETE "ADULT" OR "CHILD" SECTIONS FOR FEE WAIVERS REQUESTED

☐ **ADULT**

Fee waivers are limited to one course per adult per program *session. Adult participants are required to pay 50% of the course fee. Check one:

1._____ My family income is at or below 185% of the Federal Poverty Level as circled above. Answer #2.
2._____ I am requesting a fee waiver and can pay $_____ toward the fee which is enclosed.
If fee waiver request exceeds 50% of program cost, please explain and enclose proof of income:

_____

_____

☐ **CHILD (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.

1. _____My family income is at or below 185% of the Federal Poverty Level as circled above.
Answer #2 and #3.
2. _____My child qualifies for free lunch ____yes _____no; or reduced lunch ____yes _____no.
3. _____I am requesting a fee waiver and can pay $_____ towards the fee, which is enclosed.

THERE ARE THREE SESSIONS PER YEAR - WINTER/SPRING, SUMMER AND FALL.

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

Participant's Name: _____

Residential Address: _____

City: _____ State: _____ Zip code: _____

Home Number: _____ **Cell Number:** _____

Personal e-mail: _____

a. Primary contact for last minute cancellations or transportation issues: _____
*Weekend /evening issues
Name & number of guardian/care giver or in-home staff

b. Additional emergency contact if primary is unavailable: _____
*Need 2 phone #'s
Name, Number and Relationship

How will participant be transported to/from this activity?

- ☐ Guardian / Caregiver
- ☐ Madison City Bus
- ☐ Madison Metro Paratransit
- ☐ Walk independently
- ☐ Other
- ☐ Cab

Please provide the details of transportation: _____

Include: contact name, number, scheduled pick-up or drop-off times:

Is participant supported by an agency or organization? ☐ Yes ☐ No

If yes, please provide the following:

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

After Hours Emergency Number: _____

Case Manager's Name: _____

Phone Number: _____

Email Address: _____

Does participant use a wheelchair? ☐ Yes ☐ No

Does participant use a Hoyer lift for transfers? ☐ Yes ☐ No

Please list any medications taken during this activity or soon after: _____
If MSCR staff is asked to administer medications (even provide reminders) a medication authorization form must be completed.

Does participant have a history of seizures? ☐ Yes ☐ No

If so, are there any known triggers or activity restrictions?