

# Adaptive Overnight Camping

## Two trips offered:

July 22

Sat 12pm - Sun 2pm

\$35

Course Code: 15229

August 19

Sat 12pm - Sun 2pm

\$35

Course Code: 15230

Register online at  
MSCR.org or by filling  
out the attached form.

Join us for a camping trip! Individuals with disabilities ages 18 and up, families and guardians.

A gear list will be sent to you prior to each trip for you to pack. Examples are: Personal sleeping gear, clothing, personal items, rain gear, walking shoes, and healthy snacks to share.

Prepare for day and evening activities in all weather conditions.

Meals provided with the fee: dinner, breakfast and s'mores!

Meet at Memorial High School  
201 South Gammon Rd.  
Use Mineral Point Rd. entrance

Transportation provided to School Forest:  
1577 Fritz Road, Verona, WI



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.msccr.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) ☐ 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.

Cell Phone I agree to text messages.

Do you have any medical conditions or concerns of which our staff need to be aware?  
(Asthma, Allergies, etc.)

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
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# 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.**



**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:			
	City:	State:	Zip code:
Home Number:	Cell Number:		
Personal e-mail:			

Is participant supported by an agency or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:		

a. Primary contact for last minute cancellations or transportation issues: <b>*Weekend /evening issues</b>	Name & number of guardian/care giver or in-home staff
b. Additional emergency contact if primary is unavailable: <b>*Need 2 phone #'s</b>	Name, Number and Relationship

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: <small>If MSCR staff is asked to administer medications (even provide reminders) a medication authorization form must be completed.</small>		
Does participant have a history of seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, are there any known triggers or activity restrictions?		

How will participant be transported to/from this activity?	
<input type="checkbox"/> Guardian / Caregiver	<input type="checkbox"/> Madison City Bus
<input type="checkbox"/> Madison Metro Paratransit	<input type="checkbox"/> Walk independently
<input type="checkbox"/> Other	<input type="checkbox"/> Cab
Please provide the details of transportation: <i>Include: contact name, number, scheduled pick-up or drop-off times:</i>	