



Adaptive Dance to Fitness

A great cardio, flexibility, and strength workout. Dance to hit songs in a supportive and fun environment.

No dance experience required. Learn routines from an experienced dancer. Offered for adults with disabilities ages 18 and up.



June 20-August 11

At MSCR East, 4620 Cottage Grove Road
Tuesdays 1:30-3 pm. Introductory rate of \$25. Course code: 15277.

Questions? Contact Carmen
at 204-3029 or email
cmahlquist@madison.k12.wi.us

MADISON METROPOLITAN SCHOOL DISTRICT

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)

Grade (2016-2017)

Do es the participant have a disability? Yes 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) 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 (below)

Race (below)

Choice

Program Title

Location

Start Date

Start Time

Course #

Fee

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

1. American Indian or Alaskan Native

6. White

2. Asian

7. Multiracial

3. Black or African American

4. Native Hawaiian or Other Pacific Islander

5. Hispanic

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

Name: _____ Size: _____ Total \$ _____

Fee 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 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:

10s are required for classes at Warner Park Community Recreation Center. Go to www.mscr.org for more information.

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 _____

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

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

FAMILY SIZE	ANNUAL	MONTHLY	TWICE/MONTHLY	EVERY TWO WEEKS	WEEKLY	REMINDER: Circle Your Income
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	

*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:	
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**

How will participant be transported to/from this activity?

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

Please provide the
details of transportation:
*Include: contact name, number, scheduled
pick-up or drop-off times:*

Participant's Name:	Residential Address:	Home Number:	Personal e-mail:
City: _____	State: _____	City: _____	State: _____
Zip code: _____	Zip code: _____	After Hours Emergency Number: _____	Case Manager's Name: _____
City: _____	State: _____	Phone Number: _____	Email Address: _____
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: _____	
City: _____		State: _____	
Zip code: _____		Zip code: _____	

Participant's Name:	Residential Address:	Home Number:	Personal e-mail:
City: _____	State: _____	City: _____	State: _____
Zip code: _____	Zip code: _____	After Hours Emergency Number: _____	Case Manager's Name: _____
Phone Number: _____	Email Address: _____	City: _____	State: _____
Zip code: _____	Zip code: _____	Phone Number: _____	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	
If so, are there any known triggers or activity restrictions?		If so, are there any known triggers or activity restrictions?	