

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.msccr.org

(Head of Household) Last Name		First Name		Birth Date d/m/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		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) <input type="checkbox"/> I agree to MSCR promotional email							

Primary Phone		Secondary Phone		Are you an MMSD resident? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> 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						
					1st						
					Alternate, if any						

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

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

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.msccr.org for more information.

Payment: (check all that apply) <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ (Payable to MSCR)	
I am applying for fee assistance. Please see reverse page. <input type="checkbox"/> Credit Card: MasterCard or Visa Only	
Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Holder Print Name: _____
Payment Amount \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Authorized Signature: <input checked="" type="checkbox"/> _____ Expiration Date: <input type="text"/> <input type="text"/> \ <input type="text"/> <input type="text"/>

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: *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

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