



City Clubs



Enjoy a variety of activities that will change weekly!

Activities include bowling, movies, field trips, gym games, fitness activities and more. Transportation provided for field trips.

Register at MSCR.org or by completing the attached form. Activity expenses not included in fee.

Participants can make up 1-3 dates missed at another club by purchasing the City Club Pass.

2 Locations!

MSCR East

Thurs June 16-Aug 10

1-4pm

4620 Cottage Grove Rd

\$35

Course Code 13784

Lake View

Sun June 25-Aug 13

1-4pm

1802 Tennyson Ln

\$35

Course Code 15614

City Club Pass

Any club!

June 22-Aug 13

\$15

Course Code 15228

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.msrc.org

www.mscr.org

(Head of Household) Last Name

First Name _____

Does the participant have a disability? Yes No If yes, what type(s) of

11 of 11

113

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

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.)
Call Phone. I agree to text messages.			

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

I-Select Size (if applicable to program)		Total \$ _____		
Name: _____	Size: _____	XS	S	M
Name: _____	Size: _____	L		XL
		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, 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.

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

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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	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: _____	
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?		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.	