

# Fit Club Summer Series



## Walking

Kennedy Elementary

221 Meadowlark Dr.

Mondays 6-7:30pm

June 19-August 7

\$15

Course Code 13787



## Kickball

Jefferson Middle School

101 South Gammon Rd.

Wednesdays 6-7:30pm

June 21-August 9

\$15

Course Code 15172



## Tennis

LaFollette High School

702 Pflaum Rd.

Fridays 6-7:30pm

June 23-August 11

\$15

Course Code 15173



## Park Hiking

Area parks

Saturdays 10am-2:30pm

June 24-August 12

\$35

Course Code 15175



In cooperation with Wisconsin Special Olympics (hiking and walking).

People with disabilities and their family or friends can enjoy kickball and outdoor games. Warm ups and activities led by fitness staff.

All participants pay the fee, except for family or staff providing assistance.

Water and healthy snacks provided. Supplies will be provided. Transportation provided for Park Hiking. Bring a lunch for park hiking.

Park hiking will have bus pick up sites at MSCR East and MSCR West.

Participants can make up 1-3 dates missed at another club by purchasing the **Fit Club Pass** (course code 15227) ticket and emailing [cthomb@madison.k12.wi.us](mailto:cthomb@madison.k12.wi.us) to reserve a date.

Register at [MSCR.org](http://MSCR.org) or by filling out the attached form.

## Questions?

Contact Chad Thom at  
[cthomb@madison.k12.wi.us](mailto:cthomb@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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <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
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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
<i>If yes, please provide the following:</i>		
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
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:	

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?		