

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 cthom@madison.k12.wi.us to reserve a date.

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

Questions?

Contact Chad Thom at
cthom@madison.k12.wi.us
608-204-3020

MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53713 | 608.266.7200 | www.madison.org/madisonschools

Phone: 608-204-3000

Fax: 608-204-0557 www.mscr.org

(Head of Household) Last Name

First Name _____

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

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

Street Address

10

If you require accommodations related to a disability to participate in this activity, please explain:

Primary Phone	Secondary Phone	Are you an MMSD resident? Yes _____ No, Non Resident _____ 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	Grade	Race (below)	Ch

Course Title	Program Title	Location	Start Date	Start Time	Course #	Fee
Math 101	Mathematics	Online	2023-09-01	10:00 AM	101-2023	\$150

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

1. American Indian or Alaskan Native	4. Native Hawaiian or Other Pacific Islander
2. Asian	5. Hispanic
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 MScPR 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 may have or that may hereafter accrue to me arising out of or in any way connected with my participation in MScPR 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.msct.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

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:
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		Circle Your
4	\$44,122.56	\$3,676.88	\$1,838.44	\$1,697.02	\$848.51		Income
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
- Paratransit
- Other
- Walk independently
- Cab

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

Participant's Name:	Residential Address:
Home Number:	Cell Number:
Personal e-mail:	

*If yes, please provide
the following:*

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: _____

*If yes, please provide
the following:*

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:
*If MSCR staff is asked to administer medications (even
provide reminders) a medication authorization form
must be completed.*

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?