

Canoeing Instruction

Get out on the water at Starkweather Creek/Lake Monona with our certified staff! Learn to paddle and have fun with friends. Equipment and life jackets will be provided.

2 Dates offered:

Sunday, July 16: 1-3 pm, \$10. Course code: 15217

Sunday, Aug. 6: 1-3 pm, \$10. Course code: 15218

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



**Meet in Wright Middle School
parking lot: 1717 Fish Hatchery
Rd., Madison, WI 53713**

Questions?

Contact Chad Thom at
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.msqr.org

(Head of Household) Last Name		First Name	Birth Date d/m/y	Does the participant have a disability? ___ Yes ___ 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 env/dape) 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.	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)
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Hispanic
 - White
 - Multiracial

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.msqr.org for more information.

T-Shirt Size (if applicable to program)

Name: _____ Size: _____ Youth sizes XS S M L XL

Name: _____ Size: _____ 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

Credit Card Number:

Card Holder Print Name: _____ Expiration Date: \

Payment Amount \$ _____ Authorized Signature: _____

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? Yes 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**

b. Additional emergency contact if primary is unavailable: _____
***Need 2 phone #'s**

Name & number of guardian/care giver or in-home staff
Name, Number and Relationship

Does participant use a wheelchair? Yes No

Does participant use a Hoyer lift for transfers? Yes 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? Yes No

If so, are there any known triggers or activity restrictions?

How will participant be transported to/from this activity?

Guardian / Caregiver Madison City Bus

Madison Metro Paratransit Walk independently

Other Cab

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