



MADISON SCHOOL & COMMUNITY RECREATION
A department of Madison Metropolitan School District

Golf League and Instruction

For youth and adults with disabilities and their families and friends. All participants pay the fee, which includes green fee. Participants bring their own clubs; some rentals available for additional fee.

Glenway Golf Course, 3747 Speedway Rd: For those with some experience and success with golf. Ages 14 and up. June 25-August 13. 1-3:30 pm. Adaptive golf cart available upon advance request. \$60. Course code: 13790

Vitense Golfland, 5501 Schroeder Rd: For beginners. Concentration on skill building. Ages 10 and up. June 25-August 13. 1-3 pm. \$40. Course Code: 13791



Questions?

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

MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705 Phone: 608-244-3000

Fax: 608-244-0557 www.mscr.org

(Head of Household) Last Name

First Name

Birth Date dd/mm/yy

Street Address

City

State

Zip

Email (Required for registration confirmation OR send a stamped, self-addressed envelope) I 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.)	
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Participant's Full Name	Gender	Date of Birth mm/d/y	Grade	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	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.



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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
- Walk independently
- Other
- 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:	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: _____	After Hours Emergency Number: _____	Case Manager's Name: _____
City: _____	State: _____	Zip code: _____	Phone Number: _____
Mailing Address: _____	City: _____	State: _____	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	<i>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.</i>	
Does participant have a history of seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If so, are there any known triggers or activity restrictions?</i>	