



Community Inclusive Recreation Registration Form

Please use a separate form for each participant and complete both sides. Please print clearly, sign, and return to: Community Inclusive Recreation, 331 Jackson Street West, Battle Creek, MI 49037

Phone: 269-968-8249 - Fax: 269-969-6218 www.cirFUN.org

PARTICIPANT INFORMATION

First Name	Last Name	Birth Date	Male/Female
Address	City	State	Zip
Home Phone	Cell Phone	Email	

CONFIDENTIAL DEMOGRAPHIC INFORMATION	
Household Income	
<input type="radio"/> Less than \$11,999	<input type="radio"/> \$12,000—\$14,999
<input type="radio"/> \$15,000—\$24,999	<input type="radio"/> \$25,000—\$49,999 <input type="radio"/> \$50,000 & Above
Race/Ethnicity	
<input type="radio"/> African American	<input type="radio"/> Asian <input type="radio"/> Caucasian
<input type="radio"/> Latino/Hispanic	<input type="radio"/> Native American <input type="radio"/> Other

CONFIDENTIAL HEALTH INFORMATION	
Open case at Summit Pointe?	<input type="radio"/> Yes <input type="radio"/> No
If yes, case manager name:	_____
Participant Requires Special Health Care and/or Accommodations	
<input type="radio"/> Asthma	<input type="radio"/> Diabetic <input type="radio"/> Diet <input type="radio"/> Interpreter
<input type="radio"/> Mobility Aide	<input type="radio"/> Personal Care Aide
Allergies & Medications—Use additional sheet when necessary	
<input type="radio"/> No known allergies	<input type="radio"/> Food <input type="radio"/> Medicine
<input type="radio"/> Other:	_____
Will Medications Need To Be Administered While Attending Programs? (If yes, please see program department to complete form)	
<input type="radio"/> Yes	<input type="radio"/> No
Restrictions/Adaptations—Use additional sheet when necessary	
Participant can participate:	<input type="radio"/> Without restrictions
<input type="radio"/> With the following restrictions/adaptations:	_____

EMERGENCY CONTACT INFORMATION	
Emergency Contact First Name	Last Name
Relationship To Participant	
Home Phone	Cell Phone

How Did You Hear About CIR? <input type="radio"/> Friend <input type="radio"/> Internet
<input type="radio"/> Newspaper <input type="radio"/> Other: _____

GUARDIAN INFORMATION I am my own guardian I am not my own guardian (complete information below)

Guardian First Name	Guardian Last Name
Address	City State Zip
Home Phone	Cell Phone Email

PAYEE INFORMATION I am responsible for my own bills My guardian is responsible for my bills (same as above)
 My payee is responsible for my bills (complete information below)

Payee First Name	Payee Last Name
Address	City State Zip
Home Phone	Cell Phone

Please check all programs you are interested in, along with transportation needs. (Please remember that space is limited for transportation). Depending on the number of spots available in a program, you may be placed on a wait list. Our registration is done on a first come, first serve basis for up to three programs. Please mark the top three programs of your choice.

YOU WILL RECEIVE NOTIFICATION BY MAIL CONFIRMING WHICH PROGRAMS YOU ARE REGISTERED FOR. *Updated October 2016

Mondays

- Cooking 101—Back To Basics**
July 8—Aug 12 | 10am-12pm
- Eat Fresh**
Aug 19—Sept 23 | 10am-12pm
- Comfort Foods**
Sept 30—Nov 4 | 10am-12pm
- Holiday Treats**
Nov 11—Dec 16 | 10am-12pm
- Swimming**
July 8—Oct 26 | 3:45-6:15pm
- Cabin Fever**
Nov 4—Dec 16 | 4-6pm
- Cardio Drumming**
July 8—Dec 16 | 1-2pm
- Fantasy Art**
July 8—Sept 23 | 2-4pm
- Holiday Art**
Sept 30—Dec 16 | 2-4pm

Tuesdays

- Cooking 101—Back To Basics**
July 9—Aug 13 | 10am-12pm
- Eat Fresh**
Aug 20—Sept 24 | 10am-12pm
- Comfort Foods**
Oct 1—Nov 5 | 10am-12pm
- Holiday Treats**
Nov 12—Dec 17 | 10am-12pm
- Bowling**
July 9—Dec 17 | 5-7pm

- Outdoor Adventures**
July 9—Oct 30 | 10am-12pm

Wednesdays

- Music Lovers** | 4-6pm
Session 1: July 10—Sept 25
Session 2: Oct 2—Dec 18
- Exploring Art** | 1-3pm
Session 1: July 10—Sept 25
Session 2: Oct 2—Dec 18
- Disc Golf**
July 10—Sept 25 | 4-6pm

Thursdays

- Water Aerobics**
Oct 3—Dec 19 | 2:30-4:30pm
- Walking Club**
July 11—Dec 19 | 10am-12pm
- Kickball**
July 11—July 25 | 4-6pm
- Summertime Game Night**
Aug 8—Sept 26 | 4-6pm

Friday & Saturday

- Sit and Be Fit** | 1:30-3:30pm
Session 1: July 12—Sept 27
Session 2: Oct 4—Dec 20
- Saturday Art Series**
Group 1: 11am-1pm
Group 2: 1:30-3:30pm
(Please specify date)
 ALL Dates
 July 20 Aug 31 Sept 28
 Oct 26 Nov 23 Dec 21

- Cookies & Canvas**
Group 1: 11am-1pm
Group 2: 1:30-3:30pm
(Please specify date)
 Both Dates Dec 7 Dec 21

Special Events

- Dance** | 5-7pm
(Please specify date) ALL Dates
 July 19 Aug 16
 Sept 20 Oct 18
 Nov 15 Dec 20
- Water Sports Day** July 12 | 10am-2pm
- Bomber's Game** July 24 | 6-10pm
- Vibe @ 5** July 26 & Aug 9 | 5-7pm
- Leilapalooza** July 27 | 12-2pm
- Binder Park Zoo** | 10am-2pm
(Please select 1 date only)
 Aug 9 (slow paced)
 Sept 13 (fast paced)
- International Summerfest** Aug 17 | 12-2pm
- Day At The Fort** Aug 23 | 10am-2pm
- Hike Thru Hell** Oct 11 | 10am-2pm
- Gull Meadows** Oct 25 | 12-2pm
- Comedy Night** Nov 6 | 7-8:30pm
- Lunch & Movie** Dec 6 & Dec 13 | 11am-3pm
- KCC Basketball** TBD

TRANSPORTATION REQUEST

ALL Programs

SOME Programs

If you selected "SOME" Programs, please specify which program(s) that you are requesting transportation for by putting the letter "T" next to the program name.

Transportation Policy

Transportation is a privilege and generally has a waiting list. If you need to cancel your ride to an activity, we require a minimum three-hour notice. Accumulating three no call/no shows for pick up could result in suspension or loss of transportation for the season. Please call the appropriate program coordinator at 269-968-8249 and leave a message to cancel your scheduled ride.

WAIVER

I, the undersigned, understand that my participation in any activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant. CIR shall not be liable for any claims, injuries, or damages, of whatever nature, incurred by the participant, which are directly or indirectly attributable to the negligence, whether passive or active, of CIR, its agents or employees, arising out of, or in connection with, the activity or program. On behalf of myself and the participant, I expressly release CIR, its agents or employees from any such claims, injuries, or damages. Also signing, I give permission to CIR to use my photo, testimonial, and video footage for publicity purposes and take full responsibility of payment obligations. I understand that if CIR purchased tickets in advance for me, or a league I will still be responsible for payment if I am absent.

Signature of Guardian/Participant

Date