



# 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**

Less than \$11,999     \$12,000—\$14,999  
 \$15,000—\$24,999     \$25,000—\$49,999     \$50,000 & Above

**Race/Ethnicity**

African American     Asian     Caucasian  
 Latino/Hispanic     Native American     Other

**CONFIDENTIAL HEALTH INFORMATION**

Open case at Summit Pointe?     Yes     No

If yes, case manager name: \_\_\_\_\_

**Participant Requires Special Health Care and/or Accommodations**

Asthma     Diabetic     Diet     Interpreter  
 Mobility Aide     Personal Care Aide

**Allergies & Medications—Use additional sheet when necessary**

No known allergies     Food     Medicine  
 Other: \_\_\_\_\_

**Will Medications Need To Be Administered While Attending Programs? (If yes, please see program department to complete form)**

Yes     No

**Restrictions/Adaptations—Use additional sheet when necessary**

Participant can participate:     Without restrictions

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?**     Friend     Internet

Newspaper     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: Soups & Comfort Foods**  
Jan 3—Feb 14 | 10am-12pm
- Cooking: Breakfast!**  
Feb 21—March 28 | 10am-12pm
- Cooking: German Cooking**  
April 4—May 9 | 10am-12pm
- Cooking: Italian Cooking**  
May 16—June 27 | 10am-12pm
- Bowling**  
Jan 3—June 27 | 4-6pm

**Tuesdays**

- Explore Art**  
Jan 4—March 29 | 10am-12pm
- Spring Fling Jewelry**  
April 5—June 28 | 10am-12pm
- Music Fitness**  
Jan 4—June 28 | 4-6pm
- Marvel Movie Marathon**  
Jan 4—June 28 | 3:30-6pm
- Cooking: Soups & Comfort Foods**  
Jan 4—Feb 15 | 10am-12pm
- Cooking: Breakfast!**  
Feb 22—March 29 | 10am-12pm
- Cooking: German Cooking**  
April 5—May 10 | 10am-12pm
- Cooking: Italian Cooking**  
May 17—June 28 | 10am-12pm

**Wednesdays**

- Walking Club**  
Jan 5—June 29 | 10am-12pm
- Bowling**  
Jan 5—June 29 | 4-6pm

**Thursdays**

- Outdoor Games**  
June 2—June 30 | 2-4pm
- Painting**  
Jan 6—March 31 | 10am-12pm
- Sculpture**  
April 7—June 30 | 10am-12pm
- Music Lover's**  
Jan 6—June 30 | 4-6pm
- Water Aerobics**  
Jan 6—May 26 | 2-4pm

**Friday & Saturday**

- Game Night** | 5-7pm  
Jan 28, Feb 25, March 25, April 29  
May 27, June 24
- Dance** | 5-7pm  
*(Please specify date)*
  - ALL Dates
  - Jan 21             Feb 11
  - March 18         April 22
  - May 13            June 17
- Saturday Art Series** | 11am-1pm  
Jan 8, Feb 5, March 12, April 2  
May 7, June 4

**Special Events**

- KCC Women's Basketball**  
Jan 15 | 1pm
- Kalamazoo Institute of Art** Jan 14 | 12-3pm
- Turkeyville Arts & Crafts Show**  
Date TBD | Time TBD
- Lunch & Movie** Feb 4 & Feb 18 | Time TBD
- Battle Creek Symphony** March 5 | 7:30pm
- Airway Lanes** March 11 | 12-2pm
- MSU Spring Game** April TBD | Time TBD
- Kellogg Bird Sanctuary**  
April 15 | 12:30-2:30pm
- Boulder Ridge Wild Animal Park**  
May 20 | Time TBD
- Festivus** Date TBD | 1-3pm
- Belle Isle Aquarium** June 10 | Time TBD
- Native American Pow Wow**  
Date TBD | Time 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. Transportation services are provided without regard to race, color, national origin, in accordance to Title VI of the Civil Rights Act of 1964

**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

**Internal Use Only: Please initial in your department once you've reviewed this registration form.** \_\_\_\_\_ **FD** \_\_\_\_\_ **PD**