



# 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**

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Emergency Contact First Name                      Last Name

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Relationship To Participant

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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		

Check all programs you are interested in, along with transportation needs. Our registration is done on a first come, first serve basis.

YOU WILL RECEIVE NOTIFICATION BY MAIL CONFIRMING WHICH PROGRAMS YOU ARE REGISTERED FOR. \*Updated May 2022

### Mondays

- Cooking: On A Budget**  
July 11—Aug 15 | 10am-12pm
- Cooking: Little Bit of Everything**  
Aug 22—Sept 26 | 10am-12pm
- Cooking: Healthy Eating**  
Oct 3—Nov 7 | 10am-12pm
- Cooking: Holiday Fun**  
Nov 14—Dec 12 | 10am-12pm
- Bowling**  
July 11—Dec 12 | 4-6pm
- CIR Adventure Club**  
July 11—Sept 26 | 11am-1pm
- Life Skills**  
Oct 3—Dec 12 | 11am-1pm

### Tuesdays

- Sensory Art**  
July 12—Sept 27 | 10am-12pm
- Fantasy Art**  
Oct 4—Dec 13 | 10am-12pm
- Music Fitness**  
July 12—Dec 13 | 4-6pm
- Marvel Movie Marathon Continued**  
Sept 20—Oct 18 | 4-6:30pm
- Cooking: On A Budget**  
July 12—Aug 16 | 10am-12pm
- Cooking: Little Bit of Everything**  
Aug 23—Sept 27 | 10am-12pm
- Cooking: Healthy Eating**  
Oct 4—Nov 8 | 10am-12pm
- Cooking: Holiday Fun**  
Nov 15—Dec 12 | 10am-12pm
- Swimming at Eagle Lake**  
July 12—Aug 30 | 4-6pm
- Putt Putt & Regular Golf**  
Sept 6 & Sept 13 | 4-6pm

- Marvel Movie Marathon Continued**  
Sept 20—Oct 18 | 4-6:30pm
- Harry Potter Movie Marathon**  
Oct 25—Dec 13 | 4-6:30pm

### Wednesdays

- Walking Club**  
July 13—Dec 14 | 10am-12pm
- Bowling**  
July 13—Dec 14 | 4-6pm

### Thursdays

- Disc Golf**  
July 14—Aug 4 | 2-4pm
- Kickball**  
Aug 11—Sept 15 | 4-6pm
- Water Aerobics**  
Sept 29—Dec 15 | 2-4pm
- Outdoor Art**  
July 14—Sept 29 | 10am-12pm
- Holiday Art**  
Oct 6—Dec 15 | 10am-12pm
- Music Lover's**  
July 14—Dec 15 | 4-6pm

### Friday & Saturday

- Vibe @ 5** | 5-7pm  
(Please specify date) o ALL Dates  
o July 29 o Aug 5
- Game Night** | 5-7pm  
(Please specify date) o ALL Dates  
o Oct 14 o Nov 11  
o Dec 9
- Dance** | 5-7pm  
(Please specify date) o ALL Dates  
o July 22 o Oct 21  
o Aug 19 o Nov 18  
o Sept 16 o Dec 16
- Saturday Art Series** | 11am-1pm  
(Please specify date) o ALL Dates  
o July 9 o Oct 8  
o Aug 13 o Nov 12  
o Sept 10

- Cookies & Canvas** | 11am-1pm  
(Please specify date) o ALL Dates  
o Dec 10 o Dec 17
- Cyber Saturdays** | 2-4pm  
(Please specify date) o ALL Dates  
o July 9 o Oct 8  
o Aug 13 o Nov 12  
o Sept 10 o Dec 10

### Special Events

- Post Band Concert** July 14 | 7-8:30pm
- Leilapalooza Musicfest** July 30 | 12-2pm
- Day at the Fort Beach BBQ** Aug 5 | Time TBD
- Reptile Expo** Aug 20 | 12-2pm
- Lugnuts Baseball** Aug 21 | Time TBD
- Battle Jacks Baseball** July 29 | Time TBD
- Mooville** Sept 2 | 12-2pm
- Binder Park Zoo** Sept 9 & Sept 23 | Time TBD
- Street Rod Nationals** Sept 17 | 11am-1:30pm
- Kickball Classic** Sept 25 | Time TBD
- Hike Thru Hell** Oct 14 | Time TBD
- Bull Riding Rodeo** Oct 22 | 7-9:30pm
- MSU vs UofM Tailgate Party** Oct 29 | Time TBD
- Comedy Night** Nov 2 | Time TBD
- Air Zoo** Nov 11 | 11am-1pm
- K-Wings Hockey** Nov 4 | Time TBD
- Kalamazoo Valley Museum** Dec 2 | 11am-1pm
- Marshall Magic Museum** Dec 9 | 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