

## 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		CONFIDENTIAL HEALTH INFORMATION		
Household Income		Open case at Summit Poir	nte? o Yes o No	
	○ \$12,000—\$14,999 000—\$49,999 ○ \$50,000 & Above	If yes, case manager name:		
Race/Ethnicity		Participant Requires Special Health Care and/or Accommodations  O Asthma  O Diabetic  O Diet  O Interpreter		
African American     Latino/Hispanic	O Asian O Caucasian O Native American O Other	o Mobility Aide	oPersonal Care Aide  -Use additional sheet when necessary	
EMERGENCY CONTACT INFORMATION		No known allergies		
Emergency Contact First Name	e Last Name		Be Administered While Attending see program department to complete form	
Relationship To Participant		o Yes o No	Handel Ward also a kind and a constant	
Home Phone	Cell Phone	Restrictions/Adaptations—Use additional sheet when necessary Participant can participate: o Without restrictions  o With the following restrictions/adaptations:		
How Did You Hear About CIR?  O Newspaper O Other:				
GUARDIAN INFORMATION	o I am my own guardian	O I am not my c	wn guardian (complete information below)	
Guardian First Name	Guardian Last	Name		
Address	City	State	Zip	
Home Phone	Cell Phone	Email		
PAYEE INFORMATION  O My payee is responsible for	o I am responsible for my own b my bills (complete information below		s responsible for my bills (same as above)	
Payee First Name	Payee Last Na	me		
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: On A Budget June 13—July 24   10am-12pm	<u>Saturday</u>				
☐ Cooking: Comfort Foods Jan 6—Feb 10   10am-12pm	<u>Wednesdays</u>	☐ Saturday Art   11am-1pm Jan 18, Feb 1, March 1, April 5 May 3, June 7				
□ Cooking: Diabetic Cooking Feb 17—March 24   10am-12pm	□ <b>Walking Club</b> Jan 8—June 25   10am-12pm	□ <b>Cyber Saturday</b>   1-3pm Jan 18, Feb 1, March 1, April 5				
□ Cooking: Vegetarian Recipes March 31—May 5   10am-12pm □ Cooking: On A Budget May 12—June 23   10am-12pm	□ <b>Bowling</b> Jan 8—June 25   4-6pm □ <b>Games Galore</b> Jan 9—June 26   10am-12pm	May 3, June 7  Special Events  Let's Go To The Movies! Jan 17   Time TBD				
☐ <b>Bowling</b> Jan 6—June 23   4-6pm	<u>Thursdays</u>	☐ Kernels Hockey Game Jan 25   7-9:30pm				
☐ Jewelry  Jan 6—March 31   10am-12pm  ☐ Papercraft	□ Painting April 3—June 26   10am-12pm □ Multi-Media Art	□ K Wings Feb 7   7-10pm □ Airway Lanes Feb 28   11am-1pm □ Binball Museum Mach 6   4 6 cm				
April 7—June 30   10am-12pm  Tuesdays	Jan 9—March 27   10am-12pm  ☐ Music Lover's   4-6pm Session 1: Jan 9—March 27	<ul> <li>□ Pinball Museum March 8   4-6pm</li> <li>□ Into The Woods March 15   Start 7:30pm</li> <li>□ Frederick Meijer Sculpture Gardens</li> </ul>				
□ Life Skills  Jan 7—March 25   10am-12pm  □ Adventure Club	Session 2: April 3—June 26  □ Flag Football  May 1—June 26   4-6pm	March 28   12-2:30pm  ☐ <b>The Symphony</b> April 12   7-9:30pm				
April 1—June 24   10am-12pm  ☐ <b>Movie Night</b> Jan 7—June 24   4-6pm	□ Water Aerobics Jan 9—April 24   1-3pm  Friday	☐ Earth Day April 19   1-3pm ☐ Renaissance Faire May 10   12-2pm				
□ Cardio Drumming   4-6pm Session 1: Jan 7—March 25 Session 2: April 1—June 24	☐ Bingo Night   5-7pm  Jan 24, Feb 21, March 21	<ul><li>☐ Lugnuts May 18   11:30am-3:30pm</li><li>☐ Pow Wow June 21   12-2pm</li></ul>				
☐ Cooking: Comfort Foods Jan 7—Feb 11   10am-12pm	□ Comedy Night   5-7pm April 18 & May 23	□ Battle Jacks Date TBD   Time TBD □ Post Band Concert June 27   7-9pm				
□ Cooking: Diabetic Cooking Feb 18—March 25   10am-12pm	□ <b>Dance</b>   5-7pm ( <i>Please specify date</i> ) ○ ALL Dates					
□ Cooking: Vegetarian Recipes April 1—May 6   10am-12pm	o Jan 10 o Feb 14 o March 14 o April 11 o May 16 o June 13					
TRANSPORTATIO	N 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.

pay			
Signature of Guardian/Participant	Date		
Internal Use Only: Please initial in your department once you've reviewed this registration form.			PD