



# 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](http://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

### 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: \_\_\_\_\_

### 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: \_\_\_\_\_

## 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

### Monday

- ☐ **Cooking: Cooking Basics**  
July 7—Aug 11 | 10am-12pm
- ☐ **Cooking: Eating Fresh**  
Aug 18—Sept 22 | 10am-12pm
- ☐ **Cooking: It's A Mystery!**  
Sept 29—Nov 3 | 10am-12pm
- ☐ **Cooking: Holiday Fun**  
Nov 10—Dec 15 | 10am-12pm
- ☐ **Bowling**  
July 7—Dec 15 | 4-6pm

### Tuesday

- ☐ **Fantasy Art**  
July 8—Sept 30 | 10am-12pm
- ☐ **Jewelry**  
Oct 7—Dec 16 | 10am-12pm
- ☐ **Cardio Drumming**  
July 8—Dec 16 | 4-6pm
- ☐ **Summer Swimming**  
July 8—Aug 26 | 4-6pm
- ☐ **Cooking: Cooking Basics**  
July 8—Aug 12 | 10am-12pm
- ☐ **Cooking: Eating Fresh**  
Aug 19—Sept 23 | 10am-12pm
- ☐ **Cooking: It's A Mystery!**  
Sept 30—Nov 4 | 10am-12pm
- ☐ **Cooking: Holiday Fun**  
Nov 11—Dec 16 | 10am-12pm
- ☐ **Movie Night**  
Sept 2—Dec 16 | 4-6pm

### Wednesday

- ☐ **Walking Club**  
July 9—Dec 17 | 10am-12pm
- ☐ **Bowling**  
July 9—Dec 17 | 4-6pm

### Thursday

- ☐ **Music Lovers**  
July 10—Dec 18 | 4-6pm
- ☐ **A Little of This and That**  
Sept 4—Dec 18 | 10am-12pm
- ☐ **Kickball**  
July 10—Sept 4 | 2-4pm
- ☐ **Holiday Art**  
Oct 9—Dec 18 | 10am-12pm
- ☐ **Disc Golf**  
July 10—Aug 28 | 10am—12pm
- ☐ **Ceramics/Sculpture**  
July 10—Sept 25 | 10am-12pm

### Friday

- ☐ **BINGO** | 5-7pm  
Sept 26, Oct 24, Nov 28, Dec 19
- ☐ **Dance** | 5-7pm  
(Please specify date)
  - ☐ ALL Dates
  - ☐ July 18
  - ☐ Sept 19
  - ☐ Nov 21
  - ☐ Aug 15
  - ☐ Oct 17
  - ☐ Dec 12

### Special Events

- ☐ **Vibe @ 5** July 11 | 5-7pm
- ☐ **Post Band** July 10, 17 & 24 | 7-9pm
- ☐ **Binder Park Zoo** July 25 | 10am-2pm
- ☐ **Vibe @ 5** Aug 1 | 5-7pm
- ☐ **Day at the Fort** Aug 8 | 10am-1pm
- ☐ **Beats & Bites** Aug 22 | 6-8pm
- ☐ **Kalamazoo Nature Center** Sept 20 | 1-3pm
- ☐ **Renaissance Faire** Sept 27 | 1-3pm
- ☐ **Station 66** Oct 10 | Time TBD
- ☐ **Kalamazoo Institute of Arts** Oct 18 | 1-3pm
- ☐ **CraneFest** Oct 11 | 3-5pm
- ☐ **Airway Lanes** Nov 15 | 11am-1pm
- ☐ **KWings** Date TBD | Time TBD
- ☐ **Dinner & the Symphony** Dec 13 | 5:30-9:30pm
- ☐ **Astro-Fun Center** Date TBD | Time TBD
- ☐ **Cookies & Canvas** Dec 20 | 1-3pm
- ☐ **Kickball Classic** Sept 14 | 12-6pm

### 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