



# 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	

<b>CONFIDENTIAL DEMOGRAPHIC INFORMATION</b>	
<b>Household Income</b>	
<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
<b>Race/Ethnicity</b>	
<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

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

<b>EMERGENCY CONTACT INFORMATION</b>	
Emergency Contact First Name	Last Name
Relationship To Participant	
Home Phone	Cell Phone

<b>How Did You Hear About CIR?</b> <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

## The Arts

- Grand Rapids Art Museum
- ArtPrize Trip
- Brass Band of Battle Creek
- Glass & Jewelry  
(Select 1 session only)
  - Session 1 (April 5—June 7)
  - Session 2 (June 21—Aug 23)
- Saturday Art Series  
(Please specify date)
  - April 15       April 29
  - May 13         May 27
  - June 10        June 24
  - July 8          July 22
  - Aug 5           Aug 19
  - Sept 2          Sept 16
  - ALL Dates
- Leilapalooza
- Ceramics  
(Select 1 session only)
  - Session 1 (April 5—June 7)
  - Session 2 (June 21—Aug 23)

## Cultural

- Theater Day Trip
- Native American Pow Wow

## Educational

- Culinary Class  
(Please select 1 session only)
  - Session 1 (April 5—April 26)
  - Session 2 (May 10—May 31)
  - Session 3 (June 7—June 28)
  - Session 4 (July 12—Aug 2)
- Mooville
- Binder Park Zoo
- Leila Arboretum
- Gull Meadows

## Health & Wellness

- Bowling
- Golf
- Walk & Roll Wellness Club  
(Please specify day)
  - Tuesdays       Thursdays
  - Both Days
- Kickball League
- Kayaking Down Kalamazoo River
- Day of Skating
- Day At The Fort
- Adaptive Water Sports Day

## Social & Leisure

- Dance  
(Please specify date)
  - April 21       June 9
  - Aug 25        ALL Dates
- Detroit Tigers Game
- K Wings
- Battle Creek Bombers Baseball
- Detroit Lions Basketball

## Community Engagement Program

- Mondays (April 3—Sept 18)
  - Healthy Living 10am-12pm
  - Recreation 12:30-2:30pm
- Tuesdays (April 4—Sept 19)
  - Visual Arts Class 10am-12pm
  - Nature School 12:30-2:30pm
- Wednesdays (April 5—Sept 20)
  - Living Skills 10am-12pm
  - 12:30-2:30pm
- Thursdays (April 6—Sept 21)
  - Healthy Living 10am-12pm
  - Recreation 12:30-2:30pm

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

Internal Use Only: Please initial in your department once you've reviewed this registration form.

\_\_\_\_\_ FD

\_\_\_\_\_ PD